National Institute on Drug Abuse

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The Washington, DC,
Metropolitan Area Drug Study

Prevalence of Drug Use in the DC Metropolitan Area Household Population: 1990

Technical Report #1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane
Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
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1.0 INTRODUCTION

1.1 Purpose of This Report

In recent years, Americans have ranked drug abuse among the most important problems facing the Nation. Indeed, drug abuse presents major problems for law enforcement and the provision of prevention, intervention, and treatment services. The burden that drug abuse poses for communities across the Nation is also notable in the Washington metropolitan area and requires reliable data to guide policy decisions and resource allocation. This report presents major findings about the use of illicit drugs, alcohol, and tobacco among members of the household population aged 12 and older in the District of Columbia Metropolitan Statistical Area (DC MSA).[1] The DC MSA is shown in Exhibit 1. Illicit drugs include illegal drugs such as marijuana and cocaine as well as prescription-type psychotherapeutic drugs that are used for nonmedical purposes. The DC MSA was oversampled as part of the 1990 National Household Survey on Drug Abuse (NHSDA) to provide estimates of the prevalence of drug use in the DC metropolitan area. Estimates of drug use in metropolitan areas have not previously been available from the NHSDA because small sample sizes in those areas precluded the development of reliable estimates. This report was produced as part of the Washington, DC, Metropolitan Area Drug Study (DC*MADS) funded by the National Institute on Drug Abuse (NIDA).

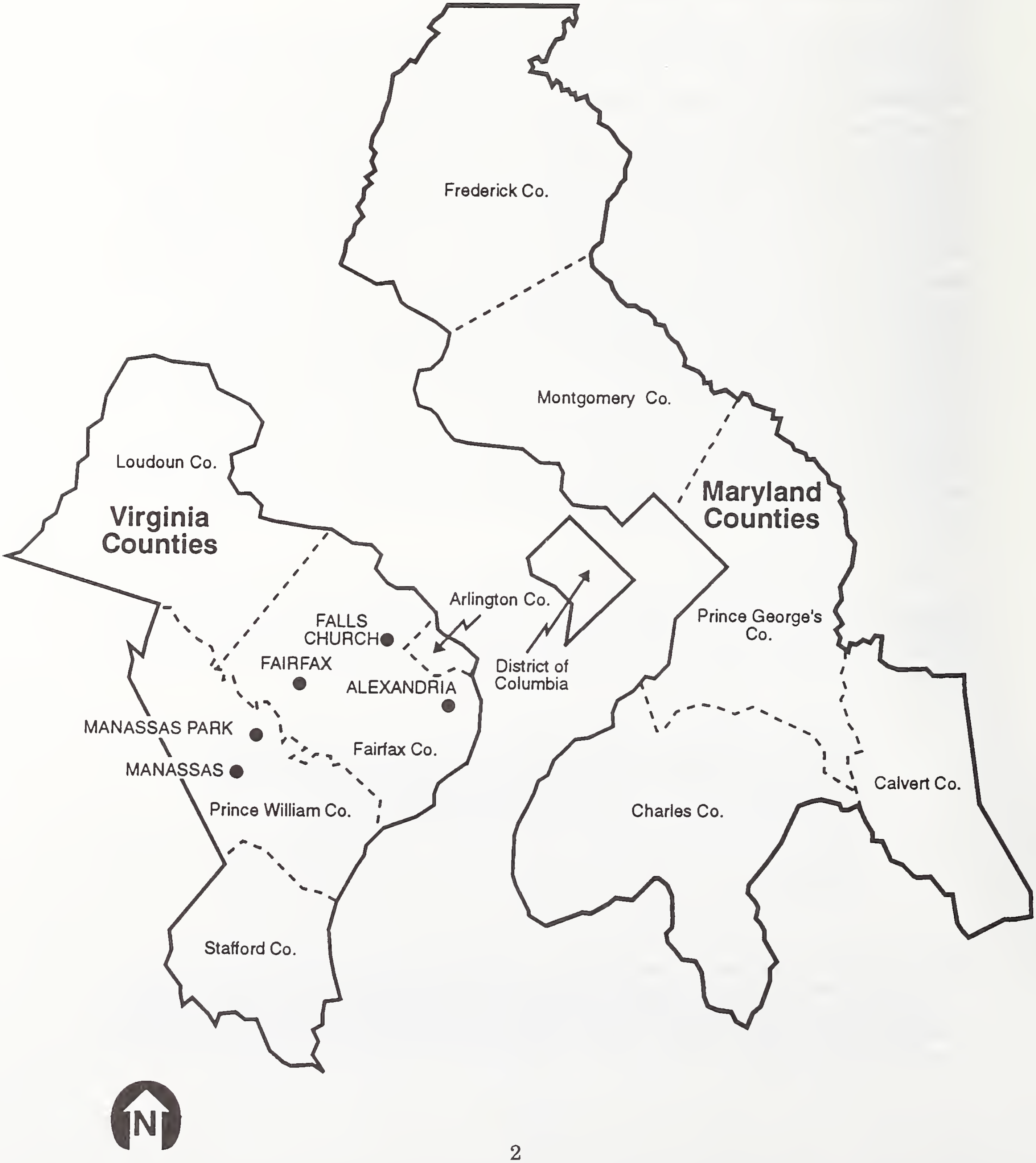
This report is modeled after the 1990 NHSDA highlights report for the total U.S. household population (NIDA, 1991a), but it also provides additional information on the prevalence of problems associated with drug use and information about drug use in special populations in the DC MSA. More specifically, this report:

- Provides an overview of the prevalence of use of illicit drugs, alcohol, and tobacco for the DC MSA household population and for four age groups: youth (aged 12 to 17), young adults (aged 18 to 25), middle adults (aged 26 to 34), and older adults (aged 35 and older);
- Examines the demographic correlates of use of illicit drugs, alcohol, and tobacco;

---

[1] The DC MSA, as defined by the U.S. Bureau of the Census, includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

Exhibit 1. District of Columbia Metropolitan Statistical Area (DC MSA)



- Provides information about problems associated with drug use, patterns of use of illicit drugs and alcohol, perceptions of the harmfulness of using drugs, and opportunities to use drugs; and
- Provides information about the drug use of special populations such as women of childbearing age, educational groups, and employment groups.

Much of the data are presented as figures and include a scale for estimating the values of the data points or give the actual values of the data. Estimates for the data points not shown in the figures are presented in other tables in the report or in Appendix A. Some of the tables and figures present comparative data for the U.S. household population. Appendix B contains tables of standard errors. The suppression rule used to make prevalence estimates is given in Appendix C, and the sampling and weighting procedures are explained in Appendix D.

1.2 National Household Survey on Drug Abuse

The 1990 National Household Survey was the tenth in a series whose primary purpose is to measure the prevalence and correlates of drug use in the United States. The 1990 NHSDA was sponsored by NIDA with additional support provided by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

A description of the 1990 NHSDA, including information on sampling, data collection, and a more detailed presentation of prevalence estimates and demographic correlates, is found in three volumes:

- National Household Survey on Drug Abuse: Population Estimates 1990. This report provides estimates of the percentages and numbers of people in the U.S. household population who have used illicit drugs, alcohol, and tobacco in their lifetimes, in the past year, or in the past month. Information is also presented about needle use and the frequency of use of marijuana, cocaine, and alcohol. Information is presented in tabular form with little or no explanatory text (NIDA, 1990).
- National Household Survey on Drug Abuse: Highlights 1990. This report provides an overview of findings from the 1990 NHSDA on the prevalence and trends in use of illicit drugs, alcohol, and cigarettes, demographic correlates of use, frequency of use, patterns of use, and perceptions of the harmfulness of use of illicit drugs, alcohol, and cigarettes. Information is presented in graphical and tabular form with brief explanatory text (NIDA, 1991a).

- National Household Survey on Drug Abuse: Main Findings 1990. This report provides detailed information on the prevalence and demographic correlates of use of illicit drugs, alcohol, and tobacco, frequency of use, problems associated with use, patterns of use, and perceptions of the harmfulness of use of illicit drugs, alcohol, and tobacco (NIDA, 1991b).

1.3 Washington, DC, Metropolitan Area Drug Study (DC*MADS)

DC*MADS is a large-scale, comprehensive research effort designed to piece together many sources of information about drug abuse. This study is the first to focus on all types of people in one metropolitan area of the country at one point in time to assess the full extent of the drug abuse problem. The main objectives of DC*MADS are to:

- Assess the extent of drug abuse among the varied populations that are at risk;
- Assess negative effects of drug abuse in the area as a whole; and
- Develop an effective model for collecting information on drug abuse that other major metropolitan areas can use.

DC*MADS comprises 16 separate studies that focus on different population subgroups (e.g., homeless people, institutionalized individuals) or different aspects of the drug abuse problem (e.g., adverse consequences from drug abuse, economic and psychosocial costs of drug abuse) in the Washington metropolitan area. The studies include:

- General, Household, and Workforce Populations Study;
- Homeless and Transient Population Study;
- Institutionalized Study;
- Adult Criminal Offenders Study;
- Juvenile Offenders Study;
- School Dropouts Study;
- Young Adults Study;
- Current Drug Abuser Characteristics Study;
- Area Opinion Leaders Study;
- Drug Abusing Subgroups Study;
- Illicit Drug Industry Study;
- Costs of Drug Abuse Study;
- Neighborhood Study;
- Adverse Effects of Drug Abuse Study;
- Drug Use and Pregnancy Study; and
- Drug Abuse Treatment Study.

This project is the first attempt to provide comprehensive estimates of drug abuse and its consequences for one MSA using an integrated, systematic approach. This report is part of the General, Household, and Workforce Populations Study and is the first of a series of reports for DC*MADS. Subsequent reports will describe drug abuse in the general population in the DC MSA and will include data from persons living in households along with persons who are homeless, institutionalized, or living in group quarters such as dormitories, as well as detailed information about drug abuse by hard-to-reach populations in the DC MSA.

1.4 Survey Methodology

The methodology used for the 1990 NHSDA was similar to that used for each of the nine previous National Household Surveys (1971, 1972, 1974, 1976, 1977, 1979, 1982, 1985, and 1988). A national probability sample of households in the coterminous United States was selected from 100 primary sampling units. Alaska and Hawaii have not been included in the samples because of logistic and cost considerations. The sample design for the 1990 survey was similar to that of earlier years, but differed in that the DC MSA was oversampled.

In each selected household, a roster recording the age, race/ethnicity, and sex of all household members aged 12 and older was completed. Using a random sampling procedure, either two, one, or no respondents were selected to be interviewed. (Selection probabilities were based on the race/ethnicity of the head of household and the ages of household members.) The procedure was designed to control the sample sizes for age and racial/ethnic groups of interest. After selection, respondents were interviewed in person in their homes by trained interviewers. The interview process included use of self-administered answer sheets and other procedures designed to assure respondents that their responses to sensitive questions would be kept confidential.

A small proportion (fewer than 2%) of the U.S. population, however, is not part of the household population and was therefore excluded from the 1990 NHSDA sample. Excluded were those residing in group quarters (military installations, correctional institutions, college dormitories, and hospitals) and those without a permanent residence (homeless people and residents of single rooms in hotels). To the extent that some of these groups (e.g., prisoners or transients) have higher rates of use than does the household population, the NHSDA may yield somewhat conservative estimates of drug use in the total population. This conservatism may be particularly true for prevalence estimates of rarely used drugs such as heroin.

The 1990 NHSDA surveyed a representative sample of 9,259 individuals from the U.S. household population, including 1,931 from the DC MSA. Sample sizes for the major demographic groups examined in this report for the DC MSA are found in Table A.1 of Appendix A. This table includes sample sizes for the total DC MSA and for groups defined by age, sex, race/ethnicity, location, and socioeconomic status (SES) of the urbanized area of the DC MSA. These numbers are not shown in the text tables and figures, but sample sizes for other subgroups are. The estimated number of persons in the total household population in the DC MSA and in demographic subgroups is found in Table A.2 of Appendix A.

1.5 Measures of Drug Use

The following drugs or classes of drugs were examined in the 1990 NHSDA:

- Marijuana (including hashish),
- Cocaine (including crack),
- Inhalants,
- Hallucinogens (including phencylidine [PCP]),
- Heroin,
- Nonmedical use of each of the prescription-type psychotherapeutic drugs (stimulants, sedatives, tranquilizers, and analgesics),
- Alcohol,
- Cigarettes, and
- Smokeless tobacco.

To examine the overall extent of involvement in illicit drugs, two summary measures were constructed: "any illicit drug use" and "nonmedical use of any psychotherapeutic drugs." The summary measure, "any illicit drug use," includes use of illegal drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin, as well as nonmedical use of prescription-type psychotherapeutic stimulants, sedatives, tranquilizers, and analgesics. Throughout this report, the terms "any illicit drug use" or "illicit drugs" refer to both the use of illegal drugs and nonmedical use of any psychotherapeutic drugs. The summary measure, "nonmedical use of any psychotherapeutic drugs," includes use of prescription-type psychotherapeutic drugs such as stimulants, sedatives, tranquilizers, and analgesics without a doctor's prescription or in amounts or for purposes other than prescribed.

In this report, the prevalence of use of illicit drugs, alcohol, and tobacco is examined for three time periods:

- Use in the lifetime: used one or more times in the individual's lifetime,
- Use in the past year: used one or more times in the year before the survey, and
- Use in the past month (also referred to as *current use*): used one or more times in the month before the survey.

1.6 Demographic Correlates of Drug Use

The demographic correlates of drug use considered in this report include age, sex, race/ethnicity, location within the DC MSA, and SES of the area. These terms are defined below, and estimates are given of the number of individuals with such characteristics in the DC MSA household population aged 12 and older:

Age	Age of respondents is defined as age at the time of interview. The discussion in much of the report centers on four age groups: "youth" ages 12 to 17, "young adults" ages 18 to 25, "middle adults" ages 26 to 34, and "older adults" ages 35 or older. The estimated numbers of persons in the DC MSA household population in these four age groups are 263,000 youth, 468,000 young adults, 601,000 middle adults, and 1,577,000 older adults. In some figures, data for middle and older adults are combined.
Sex	Males constitute approximately 1,445,000 of the DC MSA population aged 12 and older, and females constitute approximately 1,464,000.
Race/ Ethnicity	Following the current Bureau of the Census classification, persons are grouped into four racial/ethnic groups. Persons referred to as "white" are those who report that they are "white," but "not of Hispanic origin." Approximately 1,787,000 people in the DC MSA household population aged 12 and older meet this definition. Persons referred to as "black" are those who report being "black," but "not of Hispanic origin." These include about 820,000 people in the DC MSA household population aged 12 and older. "Hispanic" includes anyone of Hispanic origin--whether racially black, white, or other. This category comprises approximately 147,000 persons. The category "other" includes all other persons not elsewhere classified, of which there are about 155,000 in the DC MSA household population aged 12 and older. Because relatively few respondents were classified as "other" (N=71, see Table A.1), separate prevalence estimates were not developed for this group, although they were included in the overall prevalence rates for the DC MSA household population.
Location	The DC MSA is categorized into three geographic locations: the District of Columbia, five counties and five cities in Virginia, and five counties in Maryland. DC has approximately 467,000 persons aged 12 and older, the

Maryland counties have 1,336,000 persons aged 12 and older, and the Virginia cities and counties have 1,107,000 persons aged 12 and older.

SES of Area Socioeconomic status (SES) of area is defined in terms of housing values and rent for population segments in the DC MSA. Low SES is defined as the third of the population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas). "Urbanized area" refers to an area designated by the U.S. Bureau of the Census consisting of a central city or cities and the surrounding suburban fringe that together have a population of at least 50,000 people. The current study used the 1980 designation of urbanized area. Thus, the urbanized area of the DC MSA, as defined by the U.S. Bureau of the Census, consists of the District and its surrounding suburban communities (U.S. Bureau of the Census, 1982). These communities include those nearest to the District located primarily in about half of Montgomery and Prince George's Counties, all of Arlington, and most of Fairfax County; communities comprising the nonurbanized areas include all of Calvert, Frederick, Charles, and Stafford Counties and most of Prince William and Loudoun Counties (see Figure D.1 in Appendix D for a U.S. Bureau of the Census map of the DC MSA urbanized area). Approximately 775,000 persons live in low SES areas of the urbanized area of the DC MSA, whereas about 2,134,000 persons within the DC MSA live outside these areas.

Data for the demographic correlates of drug use are presented in two ways in this report. Bar graphs are used to present the prevalence of use for the various demographic subgroups (e.g., rates of use for males and females). Pie charts are used to show the demographic composition of drug users. For example, a whole "pie" is used to represent all persons who have used marijuana in the past month, and the pieces of the pie represent the proportions of users who are male and who are female. In addition, the estimated numbers of users in the DC MSA household population in each demographic group are presented.

1.7 Analytic Approach and Statistical Significance

Analyses of the 1990 NHSDA presented here for the DC MSA were designed to provide estimates of the prevalence of use of illicit drugs, alcohol, and tobacco and information about the demographic correlates of use among members of the household population in the DC MSA. Rates of use in the DC MSA household population were compared among demographic subgroups using z tests. The z test examines the magnitude of the difference between the rates, taking into account the size of the sample and the variation among sample members. A difference in rates of use is defined as "statistically significant" when (taking into account the size of the sample and the variation among sample members) there is a .95 or greater probability that the two populations being compared actually have different prevalence rates. Differences that are statistically significant at the .05 level (.95 probability) are noted in the text as $p<.05$.

Statistically significant differences may not be found even though the rate for one group may be from 50% to 100% higher or lower than for the comparison group if the rate of use is low. For example, if the rate of use for one group is 1% and the rate of use for the comparison group is 1.5%, it is unlikely that the difference between these two groups would be statistically significant. The magnitude of the difference between these two groups is so small (0.5%) that it is difficult to detect whether the two groups truly differ in their rate of use or if the difference is due to sampling error.

Estimates of proportions and numbers that were considered to be unreliable were omitted from the tables and figures and are noted by an asterisk (*). The rule for classifying an estimate as unreliable is explained in Appendix C. Very small estimates (i.e., < .05%) that were not suppressed under the new rule, but rounded to zero, were also suppressed and are shown as two asterisks (**) in the tables and figures.

2.0 PREVALENCE OF USE OF ILLICIT DRUGS, ALCOHOL, AND TOBACCO

This chapter provides an overview of the prevalence of use in 1990 of illicit drugs, alcohol, and tobacco in the lifetime, past year, and past month among the household population aged 12 and older in the DC MSA. It also provides estimates of the number of users of each drug in the DC MSA in 1990 and presents comparison data for other large Standard Metropolitan Statistical Areas (SMSAs) with a population of 1 million or more and the total U.S. household population. Drug use within the DC MSA is also examined by location (DC, Maryland, and Virginia) and by the SES of the area (low SES of the urbanzed area, other SES of the urbanized and nonurbanized areas).

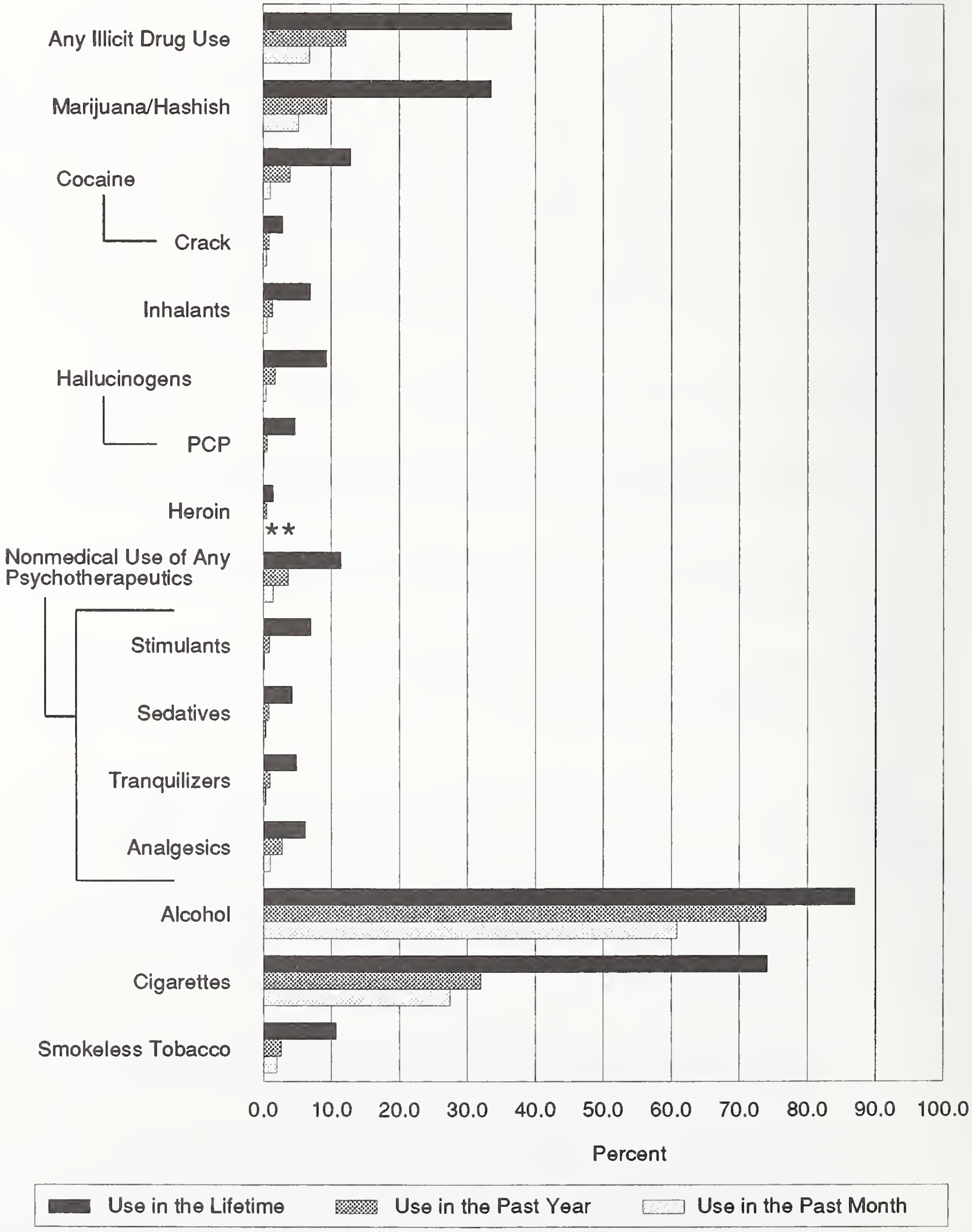
2.1 Prevalence of Drug Use (Figure 1, Table 1)

- In 1990, approximately 36% of the household population in the DC MSA reported they had used one or more illicit drugs in the lifetime, 12% in the past year, and 7% in the month before the survey.
- Approximately 87% of the DC MSA household population had ever consumed alcohol, 74% had consumed it in the past year, and 61% had consumed it in the past month.
- Approximately 74% of the DC MSA household population had ever smoked cigarettes, 32% had smoked in the past year, and 28% had smoked in the past month.

These rates mean that, of the 2.9 million persons in the DC MSA household population aged 12 and older in 1990, approximately 1.1 million had ever used illicit drugs, 2.5 million had ever consumed alcohol, and 2.2 million had ever smoked cigarettes. Almost 200,000 persons had used illicit drugs in the past month, while 1.8 million had consumed alcohol and 800,000 had smoked cigarettes. Other rates of use are summarized as follows:

- Marijuana was the illicit drug most commonly used in 1990. Approximately 34% of the DC MSA population had ever used marijuana, and 5% had used it in the past month.
- The next most commonly used illicit drugs were cocaine and prescription-type psychotherapeutic drugs. Almost 13% of the household population in the DC MSA had ever used cocaine, and approximately 11% had used one or more psychotherapeutic drugs for nonmedical reasons. A little more than 1% had used cocaine in the past month, and 1.5% had used psychotherapeutic drugs in the same time period.

Figure 1. Percentage of the DC MSA Household Population Aged 12 and Older Reporting Use of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month: 1990



Note: Numbers for the percentages shown in this figure are reported in Table 1.

**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 1. Percentage and Estimated Number of Users (in Thousands) of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month in the DC MSA Household Population: 1990

	Period of Use					
	Lifetime		Past Year		Past Month	
Drug	Percent	Number of Users (Thousands)	Percent	Number of Users (Thousands)	Percent	Number of Users (Thousands)
Any Illicit Drug Use[1]	36.5	1,062	12.2	355	6.8	197
Marijuana/hashish	33.5	976	9.3	270	5.2	151
Cocaine	12.9	376	4.0	115	1.1	32
Crack	2.9	85	0.9	26	0.5	14
Inhalants	7.0	204	1.4	41	0.6	17
Hallucinogens	9.3	272	1.8	53	0.4	13
PCP	4.7	138	0.6	17	0.1	2
Heroin	1.5	44	0.5	13	**	**
Nonmedical Use of Any Psychotherapeutics[2]	11.4	331	3.7	107	1.5	42
Stimulants	7.0	203	0.9	25	0.2	4
Sedatives	4.2	123	0.8	24	0.3	10
Tranquilizers	4.9	144	1.0	30	0.3	8
Analgesics	6.2	182	2.8	81	1.0	29
Alcohol	87.0	2,531	73.9	2,151	60.8	1,768
Cigarettes	74.1	2,155	32.0	932	27.5	799
Smokeless Tobacco	10.7	310	2.6	76	2.0	59

**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Other illicit drugs were used by fewer than 10% of the household population in the lifetime. Some 9% reported having ever used hallucinogens, and 7% had used inhalants. Other drugs were less commonly used. Fewer than 1% had used these other illicit drugs in the past month.

- Almost 3% of the DC MSA household population reported having ever used crack, and 1.5% reported having ever used heroin.

2.2 Comparison of Drug Use in the DC MSA to National Estimates (Table 2)

The percentages of persons in the household populations of the DC MSA, other large SMSAs, and the total United States who had used illicit drugs, alcohol, or tobacco in the lifetime, in the past year, or in the past month are presented in Table 2. Significance tests were computed for comparisons of the DC MSA and other large SMSAs but not for the comparisons of the DC MSA with the total United States because the DC MSA is included in the U.S. population. Major comparisons are summarized as follows:

- The percentages of the DC MSA household population who had used any illicit drugs in the lifetime or in the past year were similar to those for the total United States and slightly lower than for the household population of other large SMSAs. Approximately 37% of the total U.S. household population had ever used illicit drugs, compared with approximately 36% in the DC MSA and almost 40% in other large SMSAs. Comparable percentages for use in the past month were roughly 6% for the total U.S. household population and 7% for the DC MSA and other large SMSAs.

  None of the comparisons of "any illicit drug use" in the lifetime, past year, or past month for the DC MSA and other large SMSAs was statistically significant.

- Members of the DC MSA household population were somewhat more likely than those in other large SMSAs or the total United States to have consumed alcohol in the lifetime, in the past year, or in the past month, but the differences were not statistically significant.

- Members of the DC MSA household population were somewhat more likely than those in other large SMSAs or the total United States to have smoked cigarettes in the lifetime or in the past month. Differences between the DC MSA and other large SMSAs in rates of smoking in the lifetime, past year, and past month were not statistically significant.

Table 2. Percentage Reporting Use of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, Other Large SMSAs, and the Total U.S. Household Population: 1990

	Period of Use								
	Lifetime			Past Year			Past Month		
Drug	Total DC MSA	Other Large SMSAs[1]	Total U.S.	Total DC MSA	Other Large SMSAs[1]	Total U.S.	Total DC MSA	Other Large SMSAs[1]	Total U.S.
Any Illicit Drug Use[2]	36.5	39.8	37.0	12.2	15.1	13.3	6.8	7.3	6.4
Marijuana/hashish	33.5	35.5	33.1	9.3	11.2	10.2	5.2	5.6	5.1
Cocaine	12.9	13.2	11.3	4.0	3.8	3.1	1.1	1.0	0.8
Crack	2.9	1.8	1.4	0.9	0.7	0.5	0.5	0.3	0.2
Inhalants	7.0	5.1	5.1	1.4	1.0	1.2	0.6	0.4	0.6
Hallucinogens	9.3	8.3	7.6	1.8	1.2	1.1	0.4	0.3	0.3
PCP	4.7	3.4	3.0	0.6	0.2+	0.2	0.1	**	**
Heroin	1.5	1.1	0.8	0.5	0.3	0.2	**	**	**
Nonmedical Use of Any Psychotherapeutics[3]	11.4	12.4	11.9	3.7	4.8	4.3	1.5	1.7	1.4
Stimulants	7.0	6.5	6.9	0.9	1.3	1.5	0.2	0.5+	0.5
Sedatives	4.2	3.9	3.7	0.8	1.3	1.1	0.3	0.3	0.3
Tranquilizers	4.9	4.4	4.3	1.0	1.5	1.3	0.3	0.4	0.3
Analgesics	6.2	6.3	5.7	2.8	3.0	2.5	1.0	0.9	0.8
Alcohol	87.0	86.0	83.2	73.9	70.8	66.0	60.8	56.3	51.2
Cigarettes	74.1	71.8	73.2	32.0	30.1	32.0	27.5	24.4	26.7
Smokeless Tobacco	10.7	8.9	14.1	2.6	2.3	4.9	2.0	1.4	3.5

**Estimate rounds to zero.

[1] Other large SMSAs are Standard Metropolitan Statistical Areas with a 1980 population of 1 million or more as defined by the U.S. Bureau of the Census, excluding the DC MSA.

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

+Difference between the total DC MSA and other large SMSAs statistically significant at the .05 level.

- Rates of lifetime use of certain specific illicit drugs were higher in the DC MSA than in other large SMSAs or in the total United States. Members of the household population in the DC MSA were somewhat more likely to have ever used crack, inhalants, hallucinogens, heroin, sedatives, and analgesics. Rates of use of marijuana, cocaine (including crack), and any psychotherapeutic drugs were slightly higher in other large SMSAs. None of the differences in rates of smoking in the DC MSA and other large SMSAs in the lifetime, past year, or past month was statistically significant.

- Rates of use of specific illicit drugs in the past year and past month were relatively low for all three populations. Past year PCP use was significantly greater in the DC MSA than in other large SMSAs, and past month stimulant use was significantly greater in other large SMSAs than in the DC MSA. Other comparisons were not statistically significant.

2.3 Comparison of Drug Use for Areas Within the DC MSA (Tables 3 and 4)

2.3.1 Location

Comparisons of locations within the DC MSA are summarized as follows:

- Members of the household population in Virginia were somewhat more likely than those in DC or Maryland to have reported using any illicit drugs in the lifetime, while the DC household population was most likely to have reported using illicit drugs in the past year or past month. None of these differences was statistically significant.

- The rates of use of specific illicit drugs in the DC, Maryland, and Virginia household populations in the lifetime, past year, and past month were not significantly different.

- The rate of use of cigarettes in the lifetime was significantly higher among Virginia (76%) household members than among DC (70.4%) household members ($p<.05$). All other comparisons of the rates of use of cigarettes or smokeless tobacco in the three areas in the lifetime, past year, and past month did not differ significantly.

- The rates of alcohol use in the lifetime among Maryland (87.1%) and Virginia (90.4%) household members were significantly higher than among DC (78.7%) household members ($p<.01$ for DC/Maryland comarison, $p<.001$ for DC/Virginia comparison). The rates of alcohol use in the past year among Maryland (73.2%) and Virginia (79.3%) household members were significantly higher than among DC (63.2%) household members ($p<.05$ for DC/Maryland comparison, $p<.001$ for DC/Virginia comparison).

Table 3. Percentage of the DC MSA Household Population Reporting Drug Use in the Lifetime, Past Year, and Past Month, by Location Within the Metropolitan Area: 1990

	Period of Use/Location								
	Lifetime			Past Year			Past Month		
Drug	**DC**	**MD**	**VA**	**DC**	**MD**	**VA**	**DC**	**MD**	**VA**
Any Illicit Drug Use[1]	34.7	35.9	38.0	15.0	11.9	11.4	9.5	6.2	6.3
Marijuana/hashish	32.3	33.0	34.8	12.3	9.5	7.7	8.5	5.0	4.1
Cocaine	11.4	12.8	13.7	3.7	3.1	5.1	1.5	0.7	1.5
Crack	3.3	3.1	2.6	1.6	0.6	1.0	*	0.2	0.6
Inhalants	6.7	6.5	7.7	1.9	1.3	1.4	0.9	0.4	0.7
Hallucinogens	8.5	9.1	10.1	2.3	1.9	1.6	0.3	0.7	0.2
PCP	3.8	5.6	4.1	0.3	0.9	0.3	*	0.1	**
Heroin	1.2	2.0	1.1	*	0.7	**	*	**	**
Nonmedical Use of Any Psychotherapeutics[2]	11.6	11.1	11.6	4.6	3.2	3.8	2.0	0.8	2.0
Stimulants	6.1	6.8	7.5	0.8	0.8	1.0	0.3	**	0.3
Sedatives	3.2	4.5	4.3	1.0	0.8	0.8	0.7	0.2	0.4
Tranquilizers	4.5	5.1	4.9	2.2	0.6	1.1	0.3	0.1	*
Analgesics	5.4	6.4	6.5	2.7	2.6	2.9	1.5	0.7	1.1
Alcohol	78.7	87.1++	90.4+++	63.2	73.2+	79.3+++	54.2	59.4	65.1
Cigarettes	70.4	73.8	76.0+	32.6	30.8	33.3	29.4	24.7	30.0
Smokeless Tobacco	6.6	10.2	12.9	1.2	2.1	3.8	1.0	1.3	3.4

Note: The DC MSA includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

+Difference between DC and Maryland or Virginia statistically significant at the .05 level.

++Difference between DC and Maryland or Virginia statistically significant at the .01 level.

+++Difference between DC and Maryland or Virginia statistically significant at the .001 level.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 4. Percentage of the DC MSA Household Population Reporting Drug Use in the Lifetime, Past Year, and Past Month, by Socioeconomic Status of Area: 1990

	Period of Use/SES of Area[1]					
	Lifetime		Past Year		Past Month	
Drug	Low SES Area	Other SES Area	Low SES Area	Other SES Area	Low SES Area	Other SES Area
Any Illicit Drug Use[2]	35.2	37.0	14.8	11.3	9.2	5.9
Marijuana/hashish	31.4	34.3	11.0	8.6	7.4	4.4+
Cocaine	13.4	12.8	4.4	3.8	1.3	1.1
Crack	4.0	2.6	1.5	0.7	0.8	0.4
Inhalants	6.8	7.1	1.7	1.3	0.9	0.5
Hallucinogens	8.7	9.6	2.4	1.6	0.4	0.5
PCP	5.9	4.3	0.7	0.5	0.1	*
Heroin	1.0	1.7	0.6	0.4	0.1	**
Nonmedical Use of Any Psychotherapeutics[3]	11.9	11.2	4.8	3.3	1.8	1.3
Stimulants	5.6	7.5	0.6	1.0	*	0.2
Sedatives	4.6	4.1	1.2	0.7	0.5	0.3
Tranquilizers	5.4	4.8	1.4	0.9	0.2	0.3
Analgesics	7.0	6.0	3.7	2.4	1.5	0.8
Alcohol	82.4	88.6++	63.9	77.6+++	48.6	65.2+++
Cigarettes	72.0	74.8	33.9	31.3	29.5	26.7
Smokeless Tobacco	9.4	11.1	2.9	2.5	1.6	2.2

*Low precision; no estimate reported.

**Estimate rounds to zero.

[1] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

+Difference between low SES and other SES statistically significant at the .05 level.

++Difference between low SES and other SES statistically significant at the .01 level.

+++Difference between low SES and other SES statistically significant at the .001 level.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

2.3.2 Socioeconomic Status of the Area

Low SES areas in the urbanized area of the DC MSA were defined as the third of the population segments with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas). Comparisons regarding SES of area are as follows:

- The rates of use of illicit drugs in low SES areas in the urbanized area of the DC MSA did not differ significantly from those of persons living in other areas for almost all measures of use in the lifetime, past year, and past month. The one exception was that persons living in low SES areas were significantly more likely than persons living in other SES areas to have used marijuana in the past month, 7.4% compared with 4.4%.

- Persons living in low SES areas in the urbanized area of the DC MSA were significantly less likely than those living in other areas to have used alcohol in the lifetime, past year, and past month.

- The rates of use of cigarettes and smokeless tobacco in low SES and other areas within the DC MSA in the lifetime, past year, and past month did not differ significantly.

3.0 ANY ILLICIT DRUGS

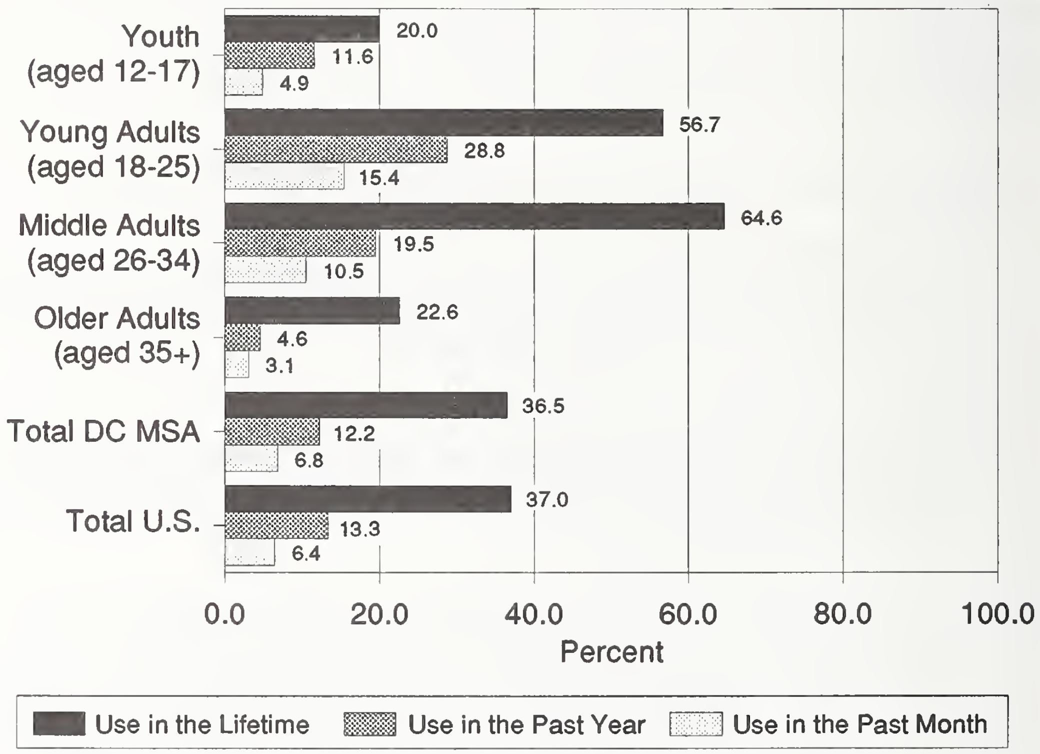
Illicit drugs include illegal drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin, as well as prescription-type psychotherapeutic drugs (stimulants, sedatives, tranquilizers, and analgesics) that are used for nonmedical purposes. The term "any illicit drugs" refers to any of these drugs or types of uses.

3.1 Prevalence of Any Illicit Drug Use (Figure 2, Table 5)

- Some 36.5% of the household population in the DC MSA had used one or more illicit drugs in the lifetime, 12.2% in the past year, and 6.8% in the past month. These percentages are very similar to those reported by the total U.S. household population.
- Those aged 26 to 34 were most likely to report having ever used illicit drugs (64.6% compared to 56.7% for those aged 18 to 25 and approximately 20% for youth and older adults). The rates of lifetime use among those aged 26 to 34 and 18 to 25 were significantly greater than among other age groups.
- Those aged 18 to 25 were most likely to have used illicit drugs in the past year, 28.8% compared with 19.5% for those aged 26 to 34 and fewer than 12% for other age groups. The rates of past year use among those aged 18 to 25 were significantly greater than among other age groups, and the rates of use among those aged 26 to 34 were significantly greater than among those aged 12 to 17 and 35 and older.
- In 1990, some 4.9% of those aged 12 to 17, 15.4% of those aged 18 to 25, 10.5% of those aged 26 to 34, and 3.1% of those aged 35 and older reported having used one or more illicit drugs in the past month.
- Rates of use of any illicit drugs in the past month among those aged 18 to 25 (15.4%) were not significantly different from rates of use among those aged 26 to 34 (10.5%), but the rates for these age groups were significantly greater than among those aged 12 to 17 or 35 and older.

These rates of use mean that approximately 1 million persons in the DC MSA household population reported having ever used illicit drugs, while roughly 355,000 reported use in the past year and 197,000 reported use in the past month. The greatest number of persons who reported having ever used illicit drugs was among those aged 26 to 34 (388,000), while the greatest number of past year users were aged 18 to 25 (135,000) and the greatest number of past month users were aged 18 to 25 (72,000).

Figure 2. Percentage of the DC MSA Household Population Reporting Any Illicit Drug Use in the Lifetime, Past Year, and Past Month, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

3.2 Demographic Correlates of Any Illicit Drug Use in the Past Month (Figure 3)

- Overall, rates of use of any illicit drugs in the past month were higher among those aged 18 to 25, males, DC compared with Maryland and Virginia, and low SES areas within the urbanized area of the DC MSA, but few of these differences were statistically significant. This rate of use was very similar for whites and blacks; the rate for Hispanics could not be determined with adequate precision.

- Age Group: The prevalence of use of any illicit drugs in the past month was significantly greater among those aged 18 to 25 (15.4%) than among those aged 12 to 17 or 35 and older (approximately 5%). In the DC MSA, some 13,000 persons aged 12 to 17, 72,000 persons aged 18 to 25, and 112,000 persons aged 26 and older were current illicit drug users.

Table 5. Estimated Number of Users (in Thousands) of Illicit Drugs in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

	Period of Use		
Age Group	**Lifetime**	**Past Year**	**Past Month**
12- to 17-year-olds	53	30	13
18- to 25-year-olds	265	135	72
26- to 34-year-olds	388	117	63
35 years and older	356	73	49
Total DC MSA	**1,062**	**355**	**197**
Total U.S.	**74,371**	**26,809**	**12,948**

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Sex: Males (7.6%) were more likely than females (6.0%) to have used illicit drugs in the past month, but the difference was not statistically significant. Approximately 109,000 males and 88,000 females were current users of illicit drugs.

- Race/Ethnicity: The rates of use of illicit drugs among whites and blacks (7.4% and 7.6%, respectively) did not differ significantly. The rate of use among Hispanics was too low to be estimated reliably. Among whites and blacks, about two-thirds of current users of illicit drugs were white (132,000), and almost one-third were black (62,000).

- Location: Some 9.5% of household members in the DC MSA reported using illicit drugs in the past month, compared to approximately 6% of those in Maryland and Virginia; these rates were not significantly different. Some 41.8% of current drug users in the household population of the DC MSA resided in Maryland (82,000), 35.7% in Virginia (70,000), and 22.5% in DC (44,000).

- SES of Area: The rates of current use of illicit drugs were higher in low SES areas (9.2%) in the DC MSA's urbanized area than in other areas of the DC MSA (5.9%), but the differences were not statistically significant. About one-third of current drug users lived in low SES areas (72,000) and about two-thirds in other areas (125,000).

Figure 3. Prevalence and Relative Proportion of Use of Any Illicit Drugs in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

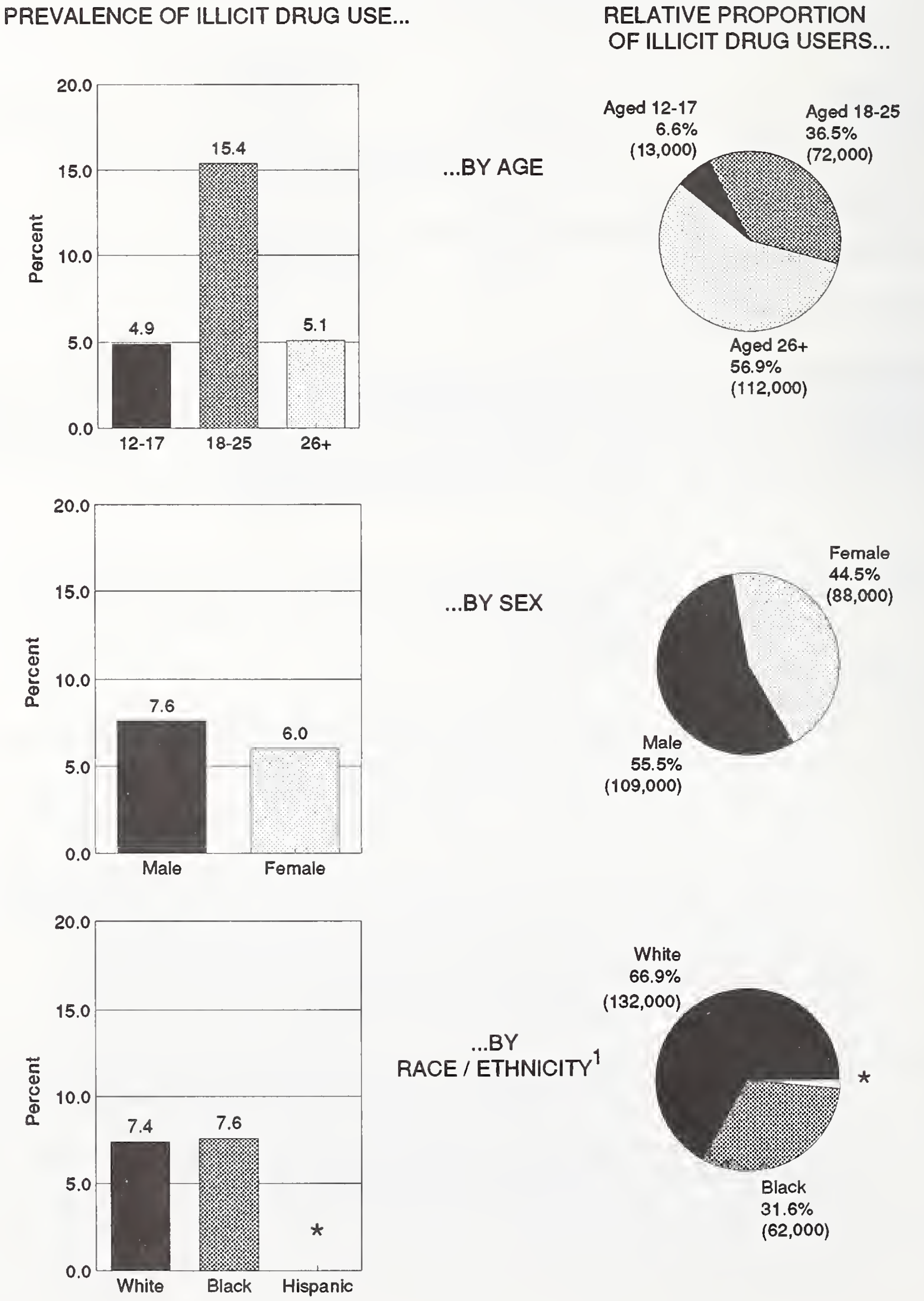
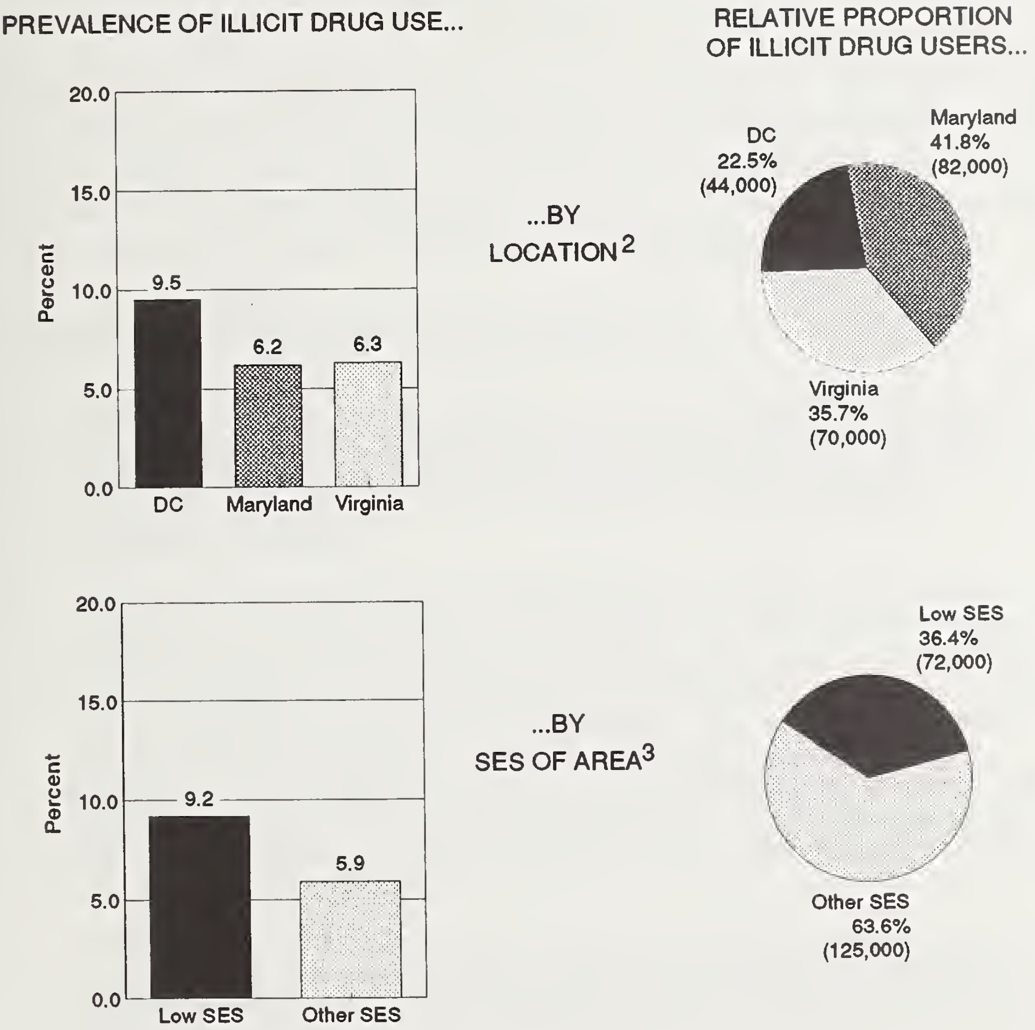


Figure 3 (continued)



*Low precision; no estimate reported.

[1] Relative proportion figure for Race/Ethnicity includes data only for whites and blacks because data for Hispanics and other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

4.0 MARIJUANA

Marijuana (including hashish) has been the illicit drug most commonly reported being used by members of the U.S. household population since the National Household Survey series began in 1971. This chapter presents information on the prevalence of marijuana use by age group, demographic correlates of marijuana use in the past month, frequency of marijuana use, and use of marijuana and other drugs.

4.1 Prevalence of Marijuana Use (Figure 4)

- Approximately 34% of the DC MSA household population reported they had ever used marijuana, 9% reported use in the past year, and 5% reported use in the past month. These percentages for lifetime, past year, and past month use are similar to those for the total U.S. household population.

- Adults aged 26 to 34 (middle adults) were the most likely of the four age groups to report having ever used marijuana (62.9%), while those aged 18 to 25 were the age group most likely to report use within the past year (22.8%) and past month (12.9%). The rates of lifetime use of each of the age groups differed significantly. The past year and past month rates of use of those aged 18 to 25 and 26 to 34 did not differ significantly, nor did the past year and past month rates of those aged 12 to 17 and 35 and older. The past year and past month rates of use of the two middle age groups were significantly greater than those for the younger or older age groups.

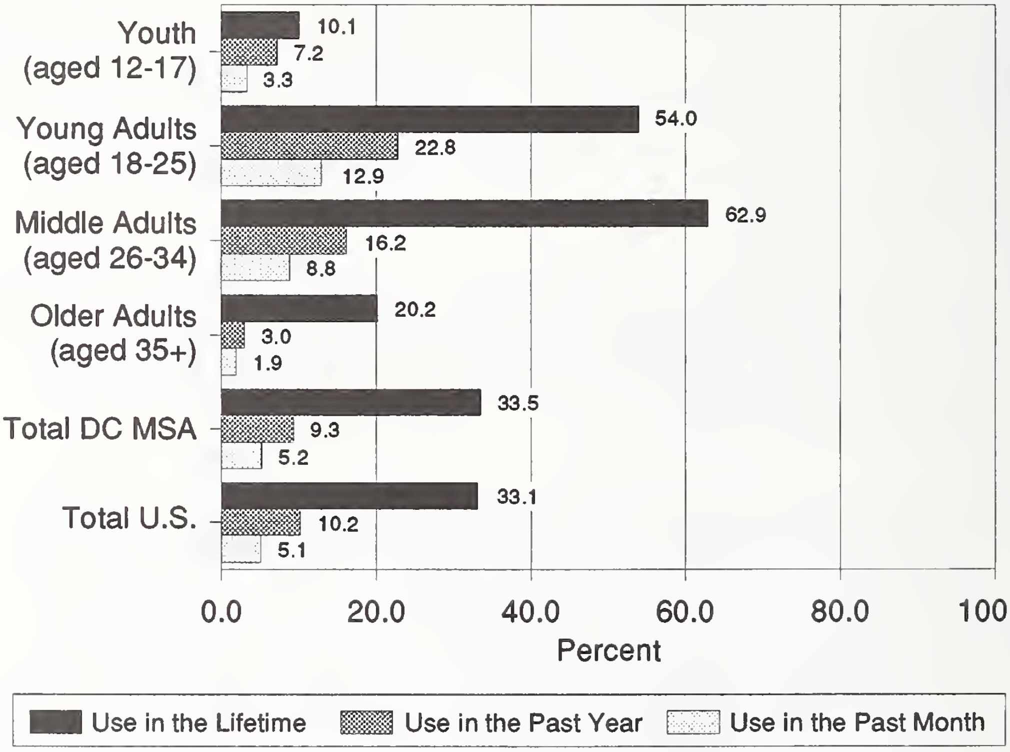
- Youth aged 12 to 17 were the least likely of the four age groups to report having ever used marijuana (10.1%), while adults aged 35 and older were least likely to have reported use in the past year (3.0%) or past month (1.9%).

These percentages translate to almost 1 million persons (976,000) in the DC MSA household population who have ever used marijuana, 270,000 who used it in the past year, and 151,000 who used it in the past month (Table 1).

4.2 Demographic Correlates of Marijuana Use in the Past Month (Figure 5)

- Age Group: Almost 13% of those aged 18 to 25 reported marijuana use in the past month, compared to 3% of those aged 12 to 17 and 4% of those aged 26 and older. The rate of use for those aged 18 to 25 was significantly greater than for those aged 12 to 17 and 26 and older, but the rates of use of those aged 12 to 17 and 26 and older did not differ. A total of 9,000 persons aged 12 to 17, 60,000 persons aged 18 to 25, and 82,000 persons aged 26 and older were current marijuana users.

Figure 4. Percentage Reporting Marijuana Use in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 5. Prevalence and Relative Proportion of Marijuana Use in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

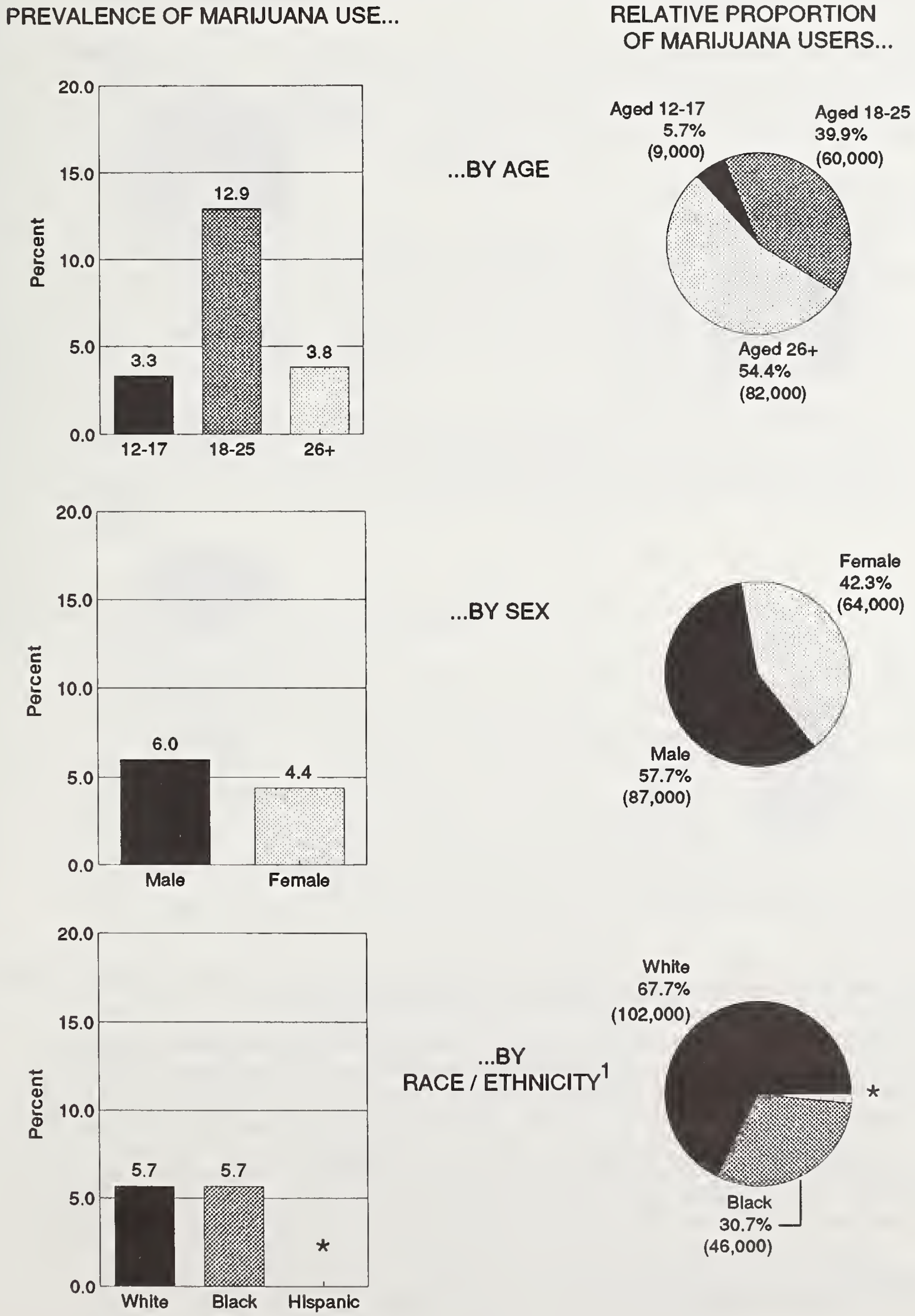
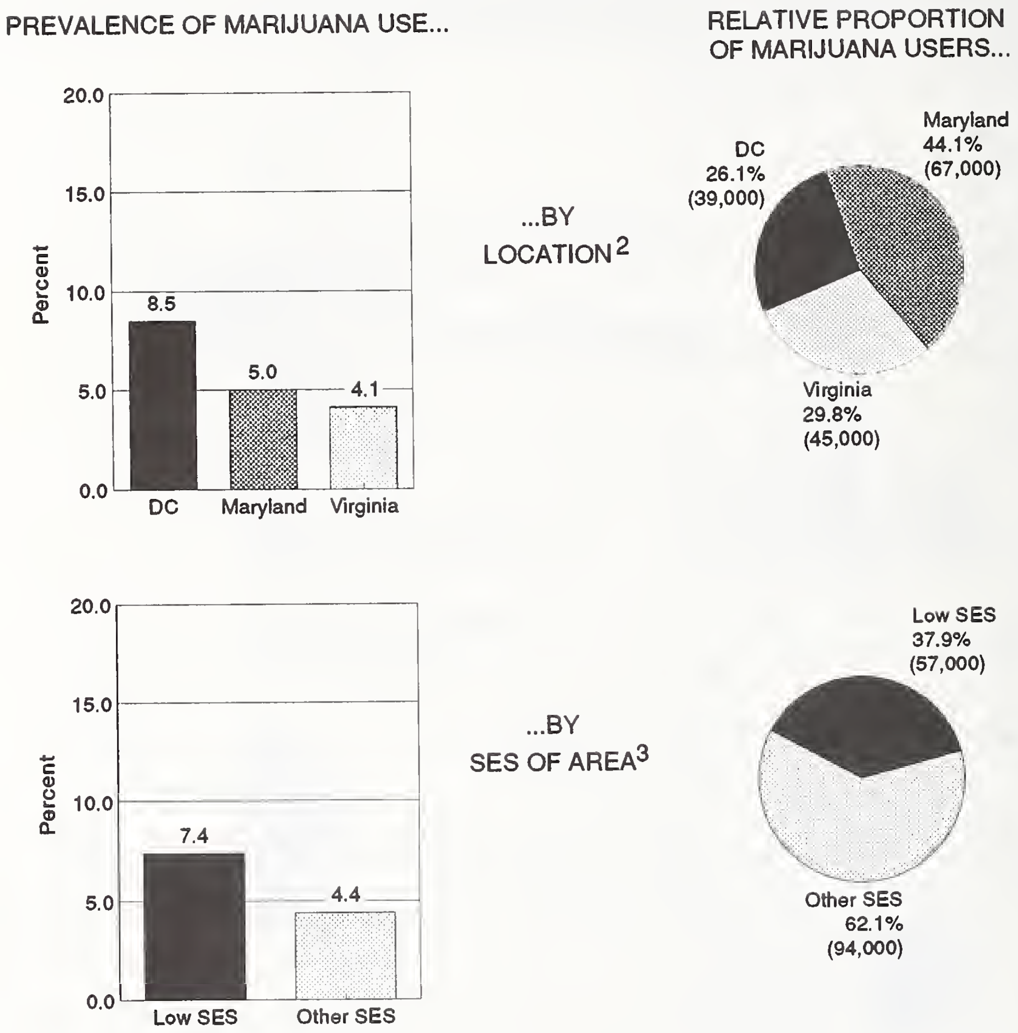


Figure 5 (continued)



*Low precision; no estimate reported.

[1] Relative proportion figure for Race/Ethnicity includes data only for whites and blacks because data for Hispanics and other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Sex: The rates of current marijuana use among males (6.0%) and females (4.4%) did not differ significantly. A total of 87,000 males and 64,000 females in the DC MSA household population were current marijuana users.

- Race/Ethnicity: The rates of current marijuana use among whites and blacks were the same (5.7%), and the rate of use among Hispanics could not be reliably estimated. About two-thirds of current marijuana users in the DC MSA were white (102,000) and almost one-third were black (46,000).

- Location: The rate of current marijuana use was highest in DC (8.5%), followed by Maryland (5.0%) and Virginia (4.1%), but the rates were not significantly different. The largest proportion of current drug users lived in Maryland (44%), followed by Virginia (30%), and DC (26%). There were 67,000 current marijuana users in Maryland, 45,000 in Virginia, and 39,000 in DC.

- SES of Area: The rate of current marijuana use in the low SES areas of the DC MSA (7.4%) was significantly greater than the rate in other areas (4.4%) ($p < .05$). Approximately 57,000 current marijuana users lived in the low SES areas of the DC MSA, and 94,000 lived in other areas.

4.3 Marijuana Use by Age (Table 6)

- Marijuana use is strongly related to age: Lifetime marijuana use was lowest among youth (10%), followed by adults aged 35 and older (20%), adults aged 18 to 25 (54%), and adults aged 26 to 34 (63%). The lower rate of lifetime use among those aged 35 and older (20%) indicates a shift in the pattern of marijuana use among cohorts. Older cohorts aged 35 and older are not as likely as younger cohorts aged 18 to 34 to have ever used marijuana. Within the 18 to 25 age group, rates of use were steadily higher with increases in age, and the highest rate of use was among those aged 26 to 29. Not all estimates for youth and older adults were reliable for finer age gradations.

- Past year and past month rates of marijuana use were lowest among older adults, followed by youth aged 12 to 17, adults aged 26 to 34, and adults aged 18 to 25. Highest rates of use in the past year and past month were found among those aged 18 to 21.

4.4 Marijuana Use by Age Group, Race/Ethnicity, and Sex (Table 7)

- Among members of the total DC MSA household population, white males were the group most likely to have ever used marijuana (40%) or to have used it in the past year (13%), while black males were most likely to have used marijuana in the past month (8%).

Table 6. Percentage of the DC MSA Household Population Reporting Use of Marijuana in the Lifetime, Past Year, and Past Month, by Age: 1990

Age	(Unweighted N)	Period of Use Lifetime	Past Year	Past Month
Total	(1,931)	33.5	9.3	5.2
12- to 17-year-olds	(440)	10.1	7.2	3.3
12-13	(153)	*	*	**
14-15	(134)	7.2	4.2	3.5
16-17	(153)	*	15.3	*
18- to 25-year-olds	(468)	54.0	22.8	12.9
18-21	(213)	50.3	26.9	15.3
22-25	(255)	56.6	19.8	11.2
26- to 34-year-olds	(513)	62.9	16.2	8.8
26-29	(226)	63.2	18.5	10.6
30-34	(287)	62.8	14.6	7.6
35 years and older	(510)	20.2	3.0	1.9
35-39	(91)	*	12.8	7.8
40-44	(69)	*	*	*
45-49	(82)	*	*	*
≥50	(268)	6.6	0.7	**

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 7. Percentage of the DC MSA Household Population Reporting Use of Marijuana in the Lifetime, Past Year, and Past Month, by Age Group, Race/Ethnicity, and Sex and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)					
Race/Ethnicity[1] and Sex	12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
			(Unweighted N)			
White male	(104)	(126)	(128)	(129)	(487)	(2,400)
Black male	(74)	(61)	(66)	(73)	(274)	(729)
White female	(110)	(123)	(155)	(171)	(559)	(2,841)
Black female	(98)	(106)	(118)	(101)	(423)	(1,113)
			A. Used Marijuana in the Lifetime			
White male	17.9	63.3	72.5	*	39.6	38.6
Black male	*	*	*	29.4	35.9	41.4
White female	6.5	69.8	74.1	17.8	34.8	30.1
Black female	*	36.3	50.8	*	24.0	23.7
			B. Used Marijuana in the Past Year			
White male	*	33.1	20.5	3.7	12.9	11.9
Black male	*	*	*	6.3	11.3	13.8
White female	4.8	30.9	9.0	2.3	8.0	8.5
Black female	*	12.6	19.6	*	7.2	9.0
			C. Used Marijuana in the Past Month			
White male	*	18.4	7.3	2.2	6.4	6.2
Black male	*	*	*	*	7.6	8.7
White female	*	18.8	5.4	1.9	5.1	3.9
Black female	**	5.9	10.8	*	3.7	5.1

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] The categories "Hispanic" and "Other" for Race/Ethnicity are not included.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- In the total DC MSA household population, rates of use in the lifetime were significantly higher among white females than black females.
- In the total DC MSA household population, black males were significantly more likely than black females to have ever used marijuana, and white males were significantly more likely than white females to have used marijuana in the past year.
- Rates of marijuana use in the lifetime, past year, and past month among black males were slightly higher in the total U.S. household population than in the DC MSA household population, but findings were not as consistent for other groups across the periods of use.
- The group with the highest rate of use in the lifetime, past year, and past month differed across the age groups; however, because of the number of rates that could not be estimated reliably, not all comparisons among groups could be made.

4.5 Frequency of Marijuana Use (Tables 8 and 9)

Respondents to the 1990 NHSDA were asked to estimate the number of times they had used marijuana in the lifetime (Table 8) and in the past month (Table 9). Summaries of their responses are as follows:

- Of the 33.5% of the DC MSA household population who reported having ever used marijuana, some 9% reported having used it 1 to 2 times, 9% reported using it 3 to 10 times, 8% reported using it 11 to 99 times, and 8% reported using it 100 times or more. These percentages are similar to those of the total U.S. household population.
- Those aged 26 to 34 were most likely to report having used marijuana 100 times or more (18.5%), followed by those aged 18 to 25 (11.5%).
- Of those who had used marijuana at least once in the lifetime, respondents were somewhat more likely to report they had used marijuana 1 to 2 times than other numbers of times, but almost 23% of lifetime users reported they had used marijuana 100 times or more.
- Of the DC MSA household population, respondents were most likely to report that they had used it on 1 to 2 days (1.7%) in the past month, but 1% reported use on 20 to 30 days during the past month. These percentages were very similar to those for the total U.S. household population.
- Approximately 2% of those aged 18 to 25 and 26 to 34 reported use on 20 to 30 days within the preceding month.

Table 8. Percentage Distribution of the DC MSA Household Population Reporting Frequency of Lifetime Marijuana Use, by Age Group for Total Sample and for Marijuana Users and for Total DC MSA and U.S. Household Populations: 1990

Times Used Marijuana in the Lifetime	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
A. Total Sample						
1-2 times	2.2	11.4	12.9	8.1	9.1	9.0
3-10 times	3.6	14.5	15.7	5.1	8.7	9.0
11-99 times	2.6	15.6	15.6	3.7	8.0	7.6
100 times or more	1.6	11.5	18.5	3.3	7.6	7.3
Used in the lifetime/ times not reported	**	0.9	0.2	**	0.2	0.2
Total (used 1 or more times)	10.1	54.0	62.9	20.2	33.5	33.1
B. Used Marijuana at Least Once						
(Unweighted N)	(38)	(227)	(310)	(114)	(689)	(3,240)
1-2 times	*	21.6	20.6	39.9	27.3	27.3
3-10 times	*	27.3	25.1	25.2	26.0	27.3
11-99 times	*	29.5	24.9	18.5	24.0	23.2
100 times or more	*	21.6	29.4	16.4	22.8	22.2

Note: Due to rounding, column percentages for Part A may not add to the total, and for Part B may not total 100.0. Estimates for persons who used marijuana at least once in the lifetime exclude those who did not report the number of times they had used marijuana.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 9. Percentage Distribution of the DC MSA Household Population Reporting Days of Use of Marijuana in the Past Month, by Age Group for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)					
Days of Use in the Past Month	**12-17**	**18-25**	**26-34**	**≥35**	**Total DC MSA**	**Total U.S.**
1-2 days	1.6	5.1	1.7	0.6	1.7	1.5
3-4 days	1.0	0.8	0.9	*	0.4	0.6
5-19 days	0.6	3.3	3.2	0.2	1.4	1.2
20-30 days	**	2.3	2.1	0.4	1.0	1.0
Used in the past month/ days not reported	*	1.4	0.9	0.5	0.7	0.8
Total (used 1 or more days)	3.3	12.9	8.8	1.9	5.2	5.1

Note: Due to rounding, column percentages may not add to the total.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Of those who reported marijuana use during the past month, almost 10% reported use on 3 to 4 days, 31% reported use on 5 to 19 days, and 22% reported use on 20 to 30 days. The percentage who had used marijuana on 1 to 2 days could not be estimated reliably in the total DC MSA, and estimates for each of the age groups were also of low precision (data not shown).

4.6 Use of Marijuana and Other Drugs (Table 10)

The use of other illicit drugs, alcohol, and cigarettes among current marijuana users was examined:

- Members of the DC MSA household population who had used marijuana in the past month were much more likely than those who had not used marijuana to have also used alcohol, cigarettes, and other illicit drugs in the past month.

- Marijuana users were almost 15 times more likely than nonusers to have used other illicit drugs or cocaine.

Table 10. Percentage of the DC MSA Household Population Reporting Use of Selected Drugs in the Past Month, by Marijuana Use in the Past Month: 1990

Drugs Used in the Past Month	**Marijuana Use in the Past Month** **No**	 **Yes**	**Total DC MSA**
Total	(N=1,807)	(N=124)	(N=1,931)
Alcohol	59.1	92.0	60.8
Cigarettes	25.6	61.9	27.5
Drugs other than marijuana	1.7	30.4	3.2
Nonmedical use of any psychotherapeutics[1]	1.1	8.7	1.5
Cocaine	0.3	15.3	1.1

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

5.0 COCAINE AND CRACK

Cocaine, along with its derivative crack, has been of increasing concern in recent years. This chapter examines the prevalence of use of cocaine and crack by age group, demographic correlates of cocaine use in the past month, and the lifetime frequency of cocaine use.

5.1 Prevalence of Cocaine Use (Figure 6)

- Some 12.9% of the DC MSA household population reported in 1990 that they had ever used cocaine (including crack), 4.0% had used it in the past year, and 1.1% had used it in the past month. These figures were similar to those for the total U.S. household population.

- Rates of lifetime cocaine use were highest among those aged 26 to 34 (28.7%), followed by those aged 18 to 25 (22.0%). The rates of lifetime use of these two age groups did not differ significantly, but they were significantly greater than those aged 12 to 17 and 35 and older.

- Rates of use in the past year were highest among those aged 18 to 25 (9.6%), followed by those aged 26 to 34 (8.2%). The rates of past year use of these two age groups did not differ significantly, but they were significantly greater than those aged 12 to 17 and 35 and older.

- Rates of cocaine use in the past month were highest among those aged 26 to 34 (2.8%), followed by those aged 18 to 25 (2.5%). The rates of use of those aged 12 to 17 and 35 and older were less than 1%. The only statistically significant difference in rates of use was between those aged 26 to 34 compared with those aged 35 and older.

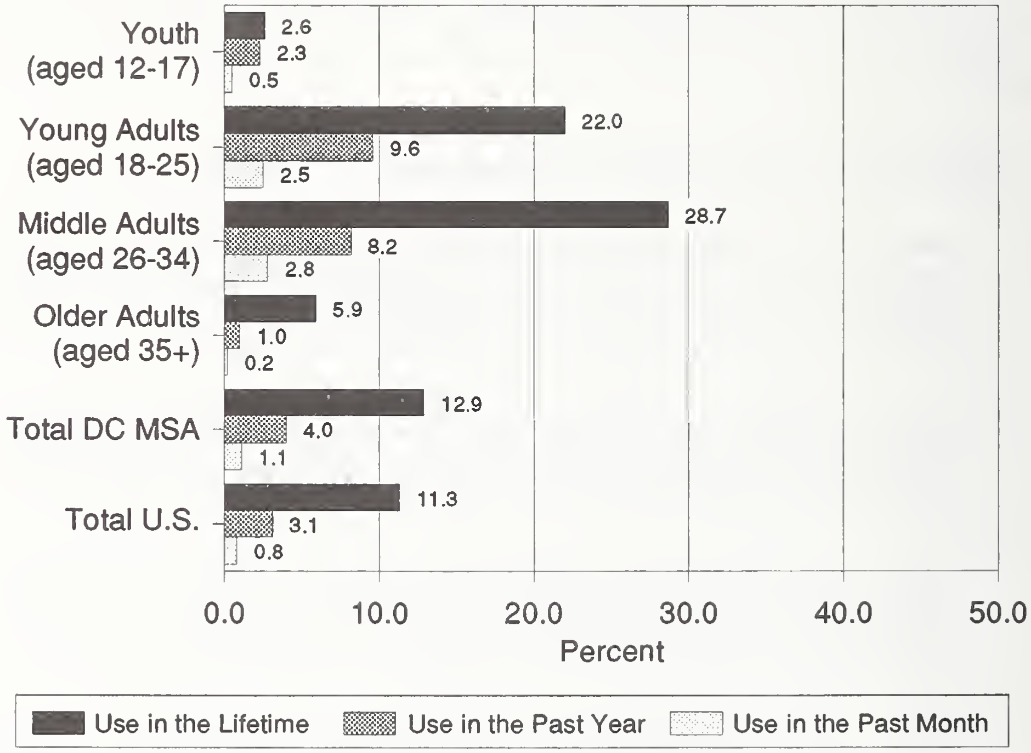
These percentages mean that, of the household population aged 12 and older in the DC MSA, 376,000 persons had ever used cocaine (including crack), 115,000 used it in the past year, and 32,000 used it in the past month (Table 1).

5.2 Demographic Correlates of Cocaine Use in the Past Month (Figure 7)

- Age Group: Those aged 18 to 25 were more likely to have reported current cocaine use (2.5%) than those aged 26 and older (0.9%) and aged 12 to 17 (0.5%). Some 1,000 persons aged 12 to 17, 12,000 persons aged 18 to 25, and 19,000 persons aged 26 and older reported having used cocaine in the past month.

- Sex: The rate of past month cocaine use among males (1.7%) was significantly greater than the rate among females (0.6%) ($p < .05$). Approximately 75% of current cocaine users were male. This percentage translates to roughly 24,000 current cocaine users who were male and 8,000 who were female.

Figure 6. Percentage Reporting Cocaine Use in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 7. Prevalence and Relative Proportion of Cocaine Use in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

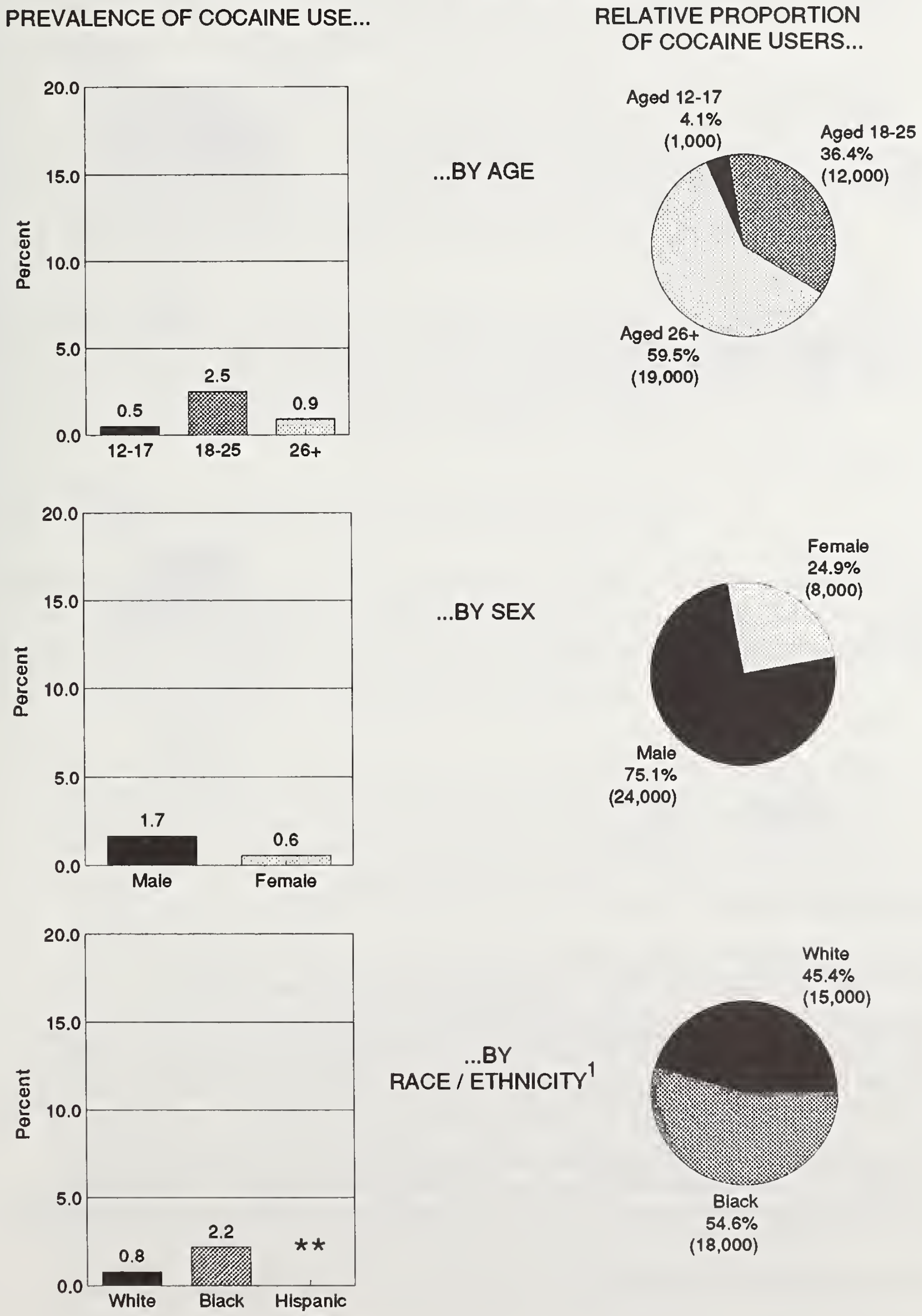
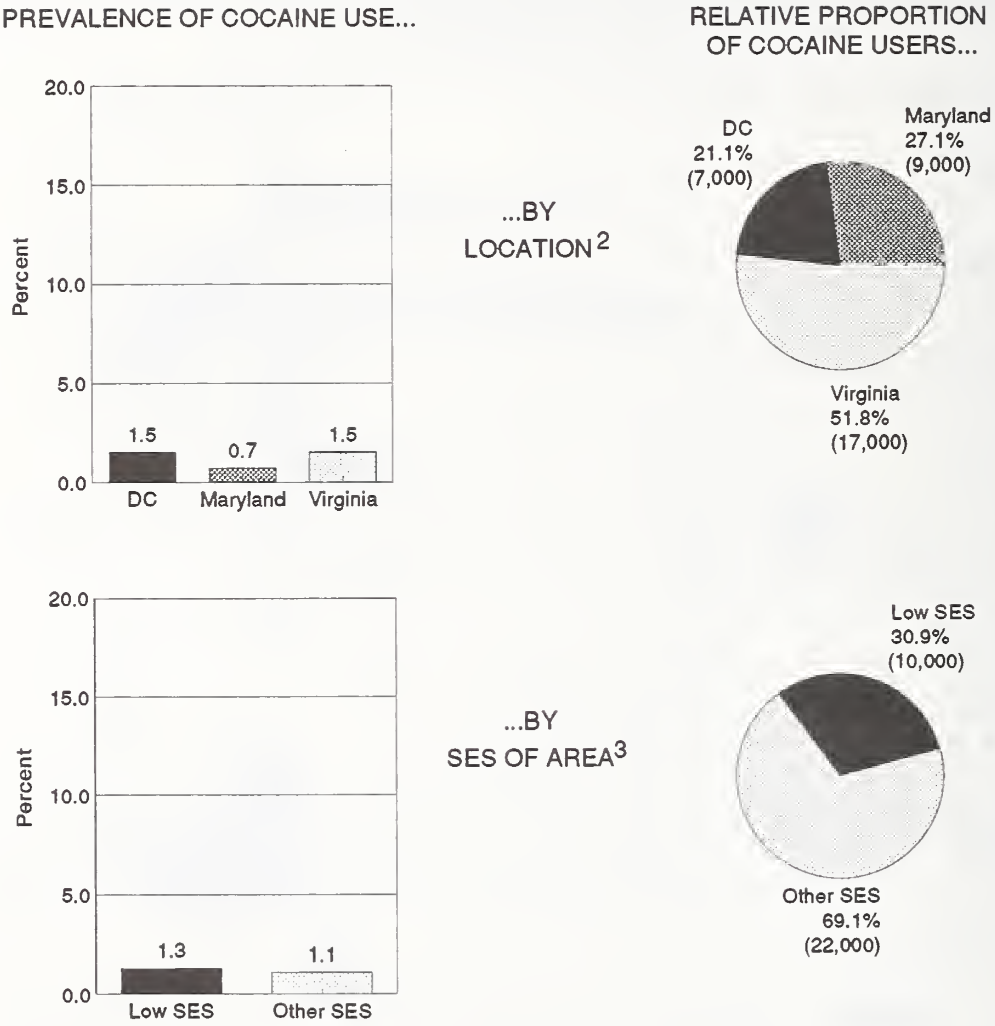


Figure 7 (continued)



**Estimate rounds to zero.

[1] Relative proportion figure for Race/Ethnicity includes data only for whites and blacks because data for Hispanics and other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Race/Ethnicity: Rates of current cocaine use among blacks (2.2%) were higher than among whites (0.8%), but the rates were not significantly different. The rate of current cocaine use among Hispanics could not be reliably estimated. Approximately 45% of current cocaine users were white (15,000), and roughly 55% were black (18,000).

- Location: The rates of current cocaine use were higher in DC and Virginia (both 1.5%) than in Maryland (0.7%), but the rates were not significantly different. More than half of the current cocaine users in the household population lived in Virginia (51.8%), while approximately 27% lived in Maryland and 21% lived in DC. These percentages translate to 17,000 current cocaine users in Virginia, 9,000 in Maryland, and 7,000 in DC.

- SES of Area: The rates of current cocaine use were roughly 1% in both the low SES areas in the DC MSA's urbanized area and in other SES areas within the DC MSA and did not differ significantly. The majority of current cocaine users lived in other SES areas (22,000), while approximately 31% lived in low SES areas (10,000).

5.3 Lifetime Frequency of Cocaine Use (Table 11)

Respondents to the survey were asked to estimate the number of times they had ever used cocaine (including crack). The percentages for the number of times the total sample and those who had ever used cocaine reported using cocaine are reported in Table 11. Summaries of these percentages are as follows:

- Of the 12.9% of the total household population in the DC MSA who reported having ever used cocaine, 2.5% reported using it 1 or 2 times, 5.1% reported using it 3 to 10 times, 2.8% reported using it 11 to 99 times, and 2.3% reported using it 100 times or more. The percentage who had ever used cocaine and who had used it more frequently was slightly higher in the DC MSA household population than in the U.S. household population.

- Of the total population, those aged 26 to 34 were the most likely to report having ever used cocaine (28.7%) and to have used cocaine 100 times or more (6.1% compared with 2.8% of those aged 18 to 25 and 1% of those aged 35 and older).

- Of those who used cocaine one or more times in the lifetime, respondents were more likely to report they had used it 3 to 10 times (40.2%) or 11 to 99 times (22.3%) than 1 to 2 times (19.5%). Nevertheless, some 18% of those who had ever used cocaine reported they had used it 100 times or more. Members of the DC MSA household population were more likely than members of the U.S. household population to report frequent cocaine use (100 times or more).

Table 11. Percentage Distribution of the DC MSA Household Population Reporting Frequency of Lifetime Cocaine Use, by Age Group for Total Sample and for Cocaine Users and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)					
Times Used Cocaine in the Lifetime	12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
A. Total Sample						
1-2 times	1.1	6.3	4.7	0.7	2.5	3.5
3-10 times	0.4	5.8	10.6	3.6	5.1	3.4
11-99 times	*	7.1	7.1	0.3	2.8	3.0
100 times or more	*	2.8	6.1	1.0	2.3	1.2
Used in the lifetime/ times not reported	0.3	**	0.2	*	0.2	0.1
Total (used 1 or more times)	2.6	22.0	28.7	5.9	12.9	11.3
B. Used Cocaine at Least Once						
(Unweighted N)	(9)	(87)	(149)	(34)	(279)	(1,234)
1-2 times	*	28.7	16.5	*	19.5	31.4
3-10 times	*	26.4	37.2	*	40.2	30.5
11-99 times	*	*	25.1	*	22.3	27.0
100 times or more	*	12.7	21.3	*	17.9	11.1

Note: Due to rounding, column percentages for Part A may not add to the total, and for Part B may not total 100.0. Estimates for persons who used cocaine at least once in the lifetime exclude those who did not report the number of times they had used cocaine.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Among those who had ever used cocaine, those aged 26 to 34 were most likely to report having used it 100 times or more (21.3%), followed by those aged 18 to 25 (12.7%).

5.4 Prevalence of Crack Use (Figure 8)

- Almost 3% of the DC MSA household population reported in 1990 that they had ever used crack cocaine, approximately 1% used it in the past year, and 0.5% used it in the past month. These percentages were almost double those for the U.S. household population.

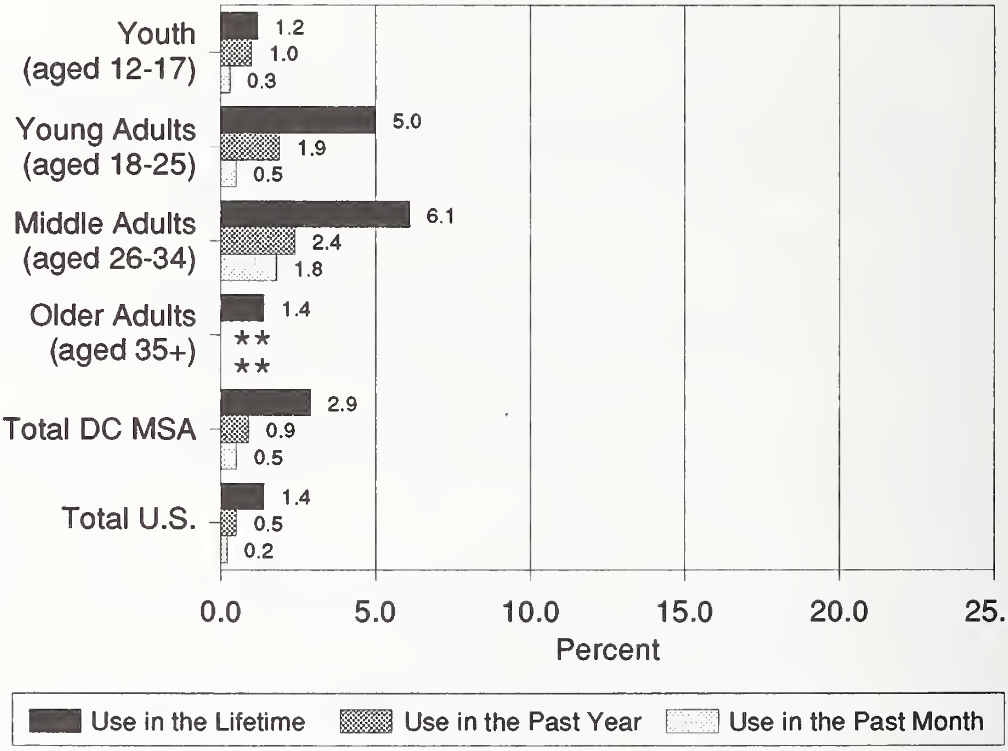
- Those aged 18 to 25 and 26 to 34 were significantly more likely than those aged 12 to 17 and 35 and older to report having ever used crack cocaine. Approximately 6% of those aged 26 to 34, 5% of those aged 18 to 25, and 1% of those aged 12 to 17 and 35 and older in the DC MSA household population had used cocaine in the lifetime.

- Roughly 2% of those aged 26 to 34 and 18 to 25 reported crack use in the past year, which is a significantly greater percentage than among those aged 35 and older.

- Almost 2% of those aged 26 to 34 reported crack use in the past month, while fewer than 1% of other age groups reported current crack use. These differences in past month use among age groups were not statistically significant.

These percentages mean that some 85,000 persons in the DC MSA had ever used crack, 26,000 had used it in the past year, and 14,000 had used it in the past month (Table 1).

Figure 8. Percentage Reporting Crack Cocaine Use in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

6.0 INHALANTS, HALLUCINOGENS, AND HEROIN

Inhalants are substances that are exclusively sniffed or inhaled to achieve a "high." They include gasoline, spray paints, aerosol sprays, glue, lacquer thinners, amyl nitrites, ether, nitrous oxide, and correction fluids. Hallucinogens include lysergic acid diethylamide (LSD), peyote, mescaline, psilocybin, and phencyclidine (PCP). Inhalants and hallucinogens have received less attention recently than such drugs as marijuana and cocaine because of their lower rates of use and because they are not considered to be addictive. Heroin is of great concern, however, despite its low prevalence in the household population, because it is addictive and it is usually taken intravenously. The sharing of injection equipment ("works") is one of the major means of transmission of the human immunodeficiency virus (HIV) that causes the acquired immune deficiency syndrome (AIDS).

This chapter presents basic information about the prevalence of use of inhalants, hallucinogens, and heroin among members of the DC MSA household population in 1990.

6.1 Prevalence of Inhalant Use (Table 12, Figure 9)

- Approximately 7% of the DC MSA household population in 1990 reported that they had ever used inhalants, compared with 5% of the total U.S. household population. The most commonly used inhalants among members of the DC MSA household population were amyl nitrites (2.9%) and nitrous oxide (2.6%). These inhalants were also the ones most commonly used by members of the U.S. household population.

- The lifetime prevalence of inhalant use was greatest among those aged 18 to 25 (13.4%) and 26 to 34 (13.6%). The lifetime rates of use among these two groups were significantly greater than among those aged 12 to 17 (7.3%) and 35 and older (2.6%).

- The prevalence of inhalant use in the past year among the three younger age groups did not differ significantly, and the rate of use among each of these age groups (1.5% to 4%) was significantly greater than among those aged 35 and older (0.3%).

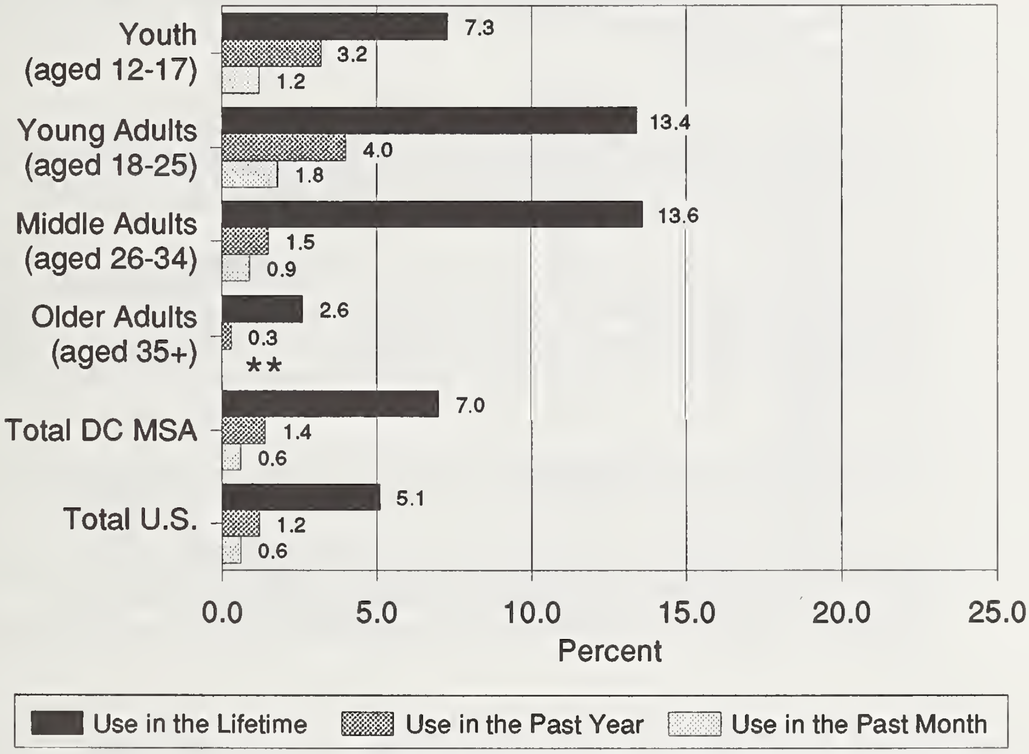
- Past month use among those aged 18 to 25 (1.8%) was significantly greater than among those aged 26 to 34 (0.9%). The rate among those aged 35 and older could not be estimated reliably.

Table 12. Percentage of the DC MSA Household Population and U.S. Household Population Reporting Use of Inhalants in the Lifetime, by Inhalant Type: 1990

	Area	
Inhalant Type	**Total DC MSA**	**Total U.S.**
Any Inhalant	7.0	5.1
Gasoline	0.9	1.1
Spray paints	0.6	0.5
Aerosol sprays	0.4	0.3
Glue	1.6	0.9
Lacquer thinners	0.6	0.4
Amyl nitrites	2.9	2.0
Ether	0.1	0.1
Nitrous oxide	2.6	1.5
Correction fluids	0.4	0.4

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 9. Percentage Reporting Use of Inhalants in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

6.2 Prevalence of Hallucinogen Use (Table 13, Figure 10)

- Roughly 9% of the household population in the DC MSA had ever used hallucinogens, compared with almost 8% in the total U.S. household population. Almost 2% of the DC MSA household population had used hallucinogens in the past year, and fewer than 1% had used them in the past month.
- LSD was the hallucinogen most commonly used in the lifetime by members of the DC MSA household population (6.1%), followed by PCP (4.7%). LSD was also most commonly used by the U.S. household population, followed by psilocybin and PCP.
- Lifetime use of hallucinogens was highest among those aged 18 to 25 (20.5%), which is similar to the rate among those aged 26 to 34 (17.9%). The lifetime rates of use of these two groups were significantly greater than those among 12- to 17-year-olds (5.6%) and those aged 35 and older (3.4%).
- The rates of use of hallucinogens in the past year were significantly greater among those aged 18 to 25 (7.4%) than other age groups.
- Current use of hallucinogens was highest among those aged 18 to 25 (2.2%); the rates of use among those aged 26 to 34 could not be estimated reliably, and the rates of use among those 35 and older were rounded to zero.

These percentages mean that some 272,000 persons in the DC MSA household population had ever used hallucinogens, 53,000 used them in the past year, and 13,000 used them in the past month (Table 1).

6.3 Prevalence and Demographic Correlates of Heroin Use in the Lifetime (Table 14)

- Some 1.5% of the DC MSA household population had used heroin in the lifetime, compared with 0.8% of the total U.S. household population. Approximately 0.5% of the DC MSA household population reported heroin use in the past year, while the percentage of users in the past month was rounded to zero (Table 1).
- Lifetime heroin use was more common among males, persons aged 26 to 34, whites, the Maryland household population, and persons in other SES areas. None of these differences was statistically significant.

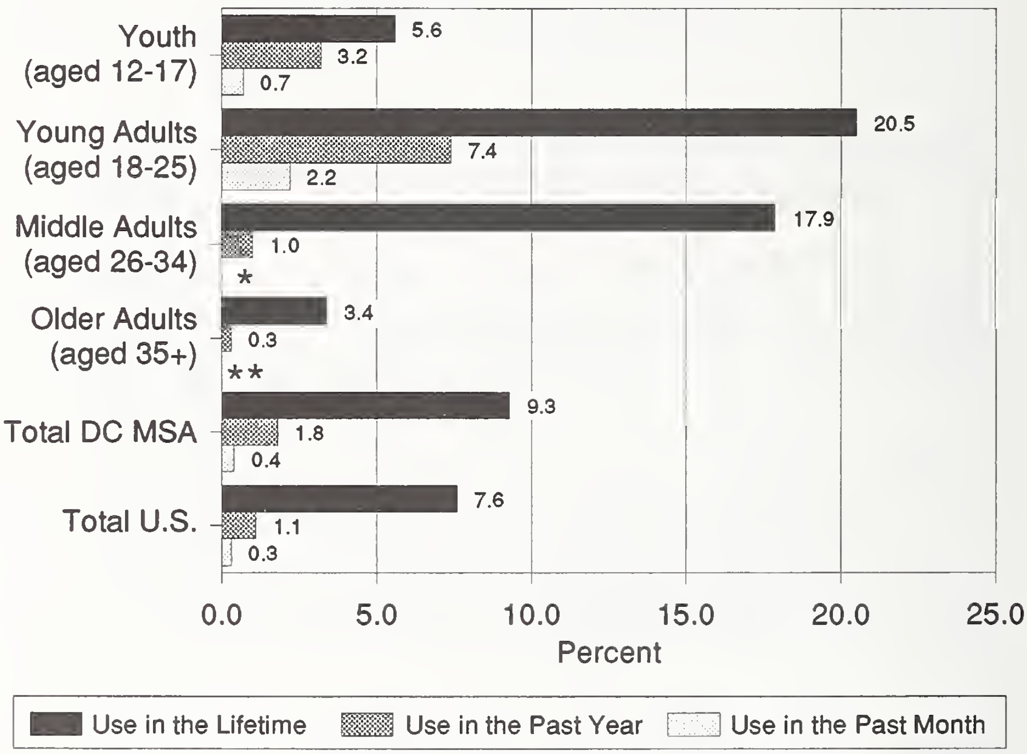
These percentages translate to 44,000 members of the DC MSA household population who reported having ever used heroin and 13,000 who reported heroin use in the past year (Table 1).

Table 13. Percentage of the DC MSA Household Population and U.S. Household Population Reporting Use of Hallucinogens in the Lifetime, by Hallucinogen Type: 1990

Hallucinogen Type	Area Total DC MSA	 Total U.S.
Any Hallucinogen	9.3	7.6
LSD (lysergic acid diethylamide)	6.1	5.3
Peyote	1.6	1.6
Mescaline	2.8	2.7
Psilocybin	3.5	3.0
PCP (phencyclidine)	4.7	3.0

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 10. Percentage Reporting Use of Hallucinogens in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



*Low precision; no estimated reported.

**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 14. Percentage of the DC MSA Household Population and the U.S. Household Population Reporting Use of Heroin in the Lifetime, by Demographic Characteristics: 1990

Demographic Characteristic	Area Total DC MSA	 Total U.S.
Total	1.5	0.8
Sex		
Male	2.0	1.1
Female	1.0	0.5
Age		
12-17	1.1	0.7
18-25	1.3	0.6
26-34	2.9	1.4
≥35	1.1	0.7
Race/Ethnicity[1]		
White	2.0	0.7
Black	1.0	1.7
Hispanic	**	1.2
Location[2]		
DC	1.2	N/A
Maryland	2.0	N/A
Virginia	1.1	N/A
Type of Area[3]		
Low SES	1.0	N/A
Other SES	1.7	N/A

**Estimate rounds to zero.

N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

7.0 NONMEDICAL USE OF PSYCHOTHERAPEUTIC DRUGS

Psychotherapeutic drugs can be prescribed legally by physicians to treat physiological or psychological problems. These drugs can also be used illicitly, that is, obtained without a prescription or used in larger amounts or more frequently than prescribed. Discussion of the use of psychotherapeutic drugs in this report refers only to nonmedical (illicit) use. The specific psychotherapeutics examined include stimulants ("uppers"), sedatives ("downers"), tranquilizers, and analgesics (painkillers). The measure "any psychotherapeutic drug" refers in this report to the nonmedical use of any of these four classes of drugs.

This chapter provides information on the prevalence of nonmedical use of any psychotherapeutic drugs among members of the DC MSA household population, including the demographic correlates of any nonmedical psychotherapeutic use and the prevalence of use of specific psychotherapeutics.

7.1 Prevalence of Nonmedical Use of Any Psychotherapeutic Drugs (Figure 11)

- Approximately 11% of the DC MSA household population reported having ever used psychotherapeutic drugs for nonmedical reasons, while almost 4% reported use in the past year and 1.5% reported use in the past month. These percentages are similar to those reported by members of the U.S. household population.

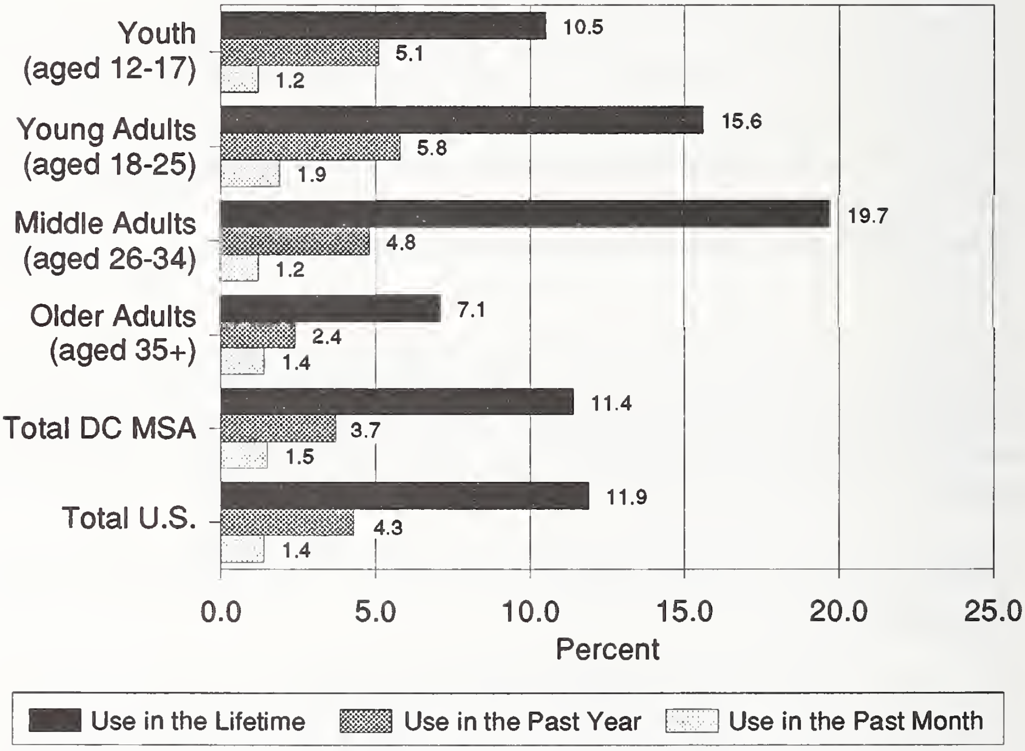
- Adults aged 26 to 34 were the most likely to have reported having ever used psychotherapeutic drugs (19.7%), followed by young adults aged 18 to 25 (15.6%). The lifetime rate of use among those aged 26 to 34 was significantly greater than among those aged 12 to 17 and 35 and older, and the rate of use among those aged 18 to 25 was significantly greater than among those aged 35 and older.

- Those aged 18 to 25 were most likely to report having used these drugs in the past year (5.8%), and their rate of past year use was significantly greater than among those aged 35 and older (2.4%).

- The rate of use in the past month for each age group was between 1% and 2%, and the rates were not significantly different.

These percentages for the DC MSA translate to 331,000 persons who reported having ever used psychotherapeutic drugs, 107,000 who reported use in the past year, and 42,000 who reported use in the past month (Table 1).

Figure 11. Percentage Reporting Nonmedical Use of Any Psychotherapeutic Drug in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

7.2 Demographic Correlates of Nonmedical Use of Any Psychotherapeutic Drugs in the Past Month (Figure 12)

- Age Group: Some 1% to 2% of each of the age groups reported nonmedical use of psychotherapeutic drugs in the past month, and the rates of use were not significantly different. Of the total number of users in the DC MSA, approximately 3,000 were aged 12 to 17, 9,000 were aged 18 to 25, and 30,000 were aged 26 and older.

- Sex: Rates of current use of psychotherapeutic drugs were similar among males (1.4%) and females (1.5%). Some 20,000 males and 22,000 females were current users.

- Race/Ethnicity: Some 1.6% of whites and blacks were current psychotherapeutic users (the rate of use among Hispanics could not be reliably estimated). Two-thirds (28,000) of current psychotherapeutic users were white, while approximately 31% (13,000) were black.

- Location: Roughly 2% of the household populations of DC and Virginia reported use of psychotherapeutic drugs in the past month, compared with 0.8% of the Maryland household population. These rates were not significantly different. Approximately 51% of the total number of current psychotherapeutic drug users in the DC MSA lived in Virginia, and about one-fourth lived in Maryland and another one-fourth lived in DC. Some 9,000 persons in DC, 11,000 in Maryland, and 22,000 in Virginia reported psychotherapeutic use in the past month.

- SES of Area: Some 1.8% of the household population living in low SES areas within the urbanized area of the DC MSA were current psychotherapeutic users, as were 1.3% of those living in other areas of the DC MSA. These rates were not significantly different. About two-thirds of current users (28,000) lived in other SES areas, while about one-third (14,000) lived in low SES areas.

7.3 Prevalence of Nonmedical Use of Specific Psychotherapeutic Drugs (Figure 13)

- Among members of the total household population in the DC MSA, stimulants were the type of psychotherapeutic drug used most commonly in the lifetime and analgesics were the type of psychotherapeutic drug used most commonly in the past year or past month (see Figure 1). A total of 7% of the DC MSA household population reported having ever used stimulants, compared with roughly 6% for analgesics, 5% for tranquilizers, and 4% for sedatives. Some 1% had used analgesics in the past month, and past month rates of use of the other psychotherapeutic drugs were less than 0.05%.

Figure 12. Prevalence and Relative Proportion of Nonmedical Use of Any Psychotherapeutic Drug in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

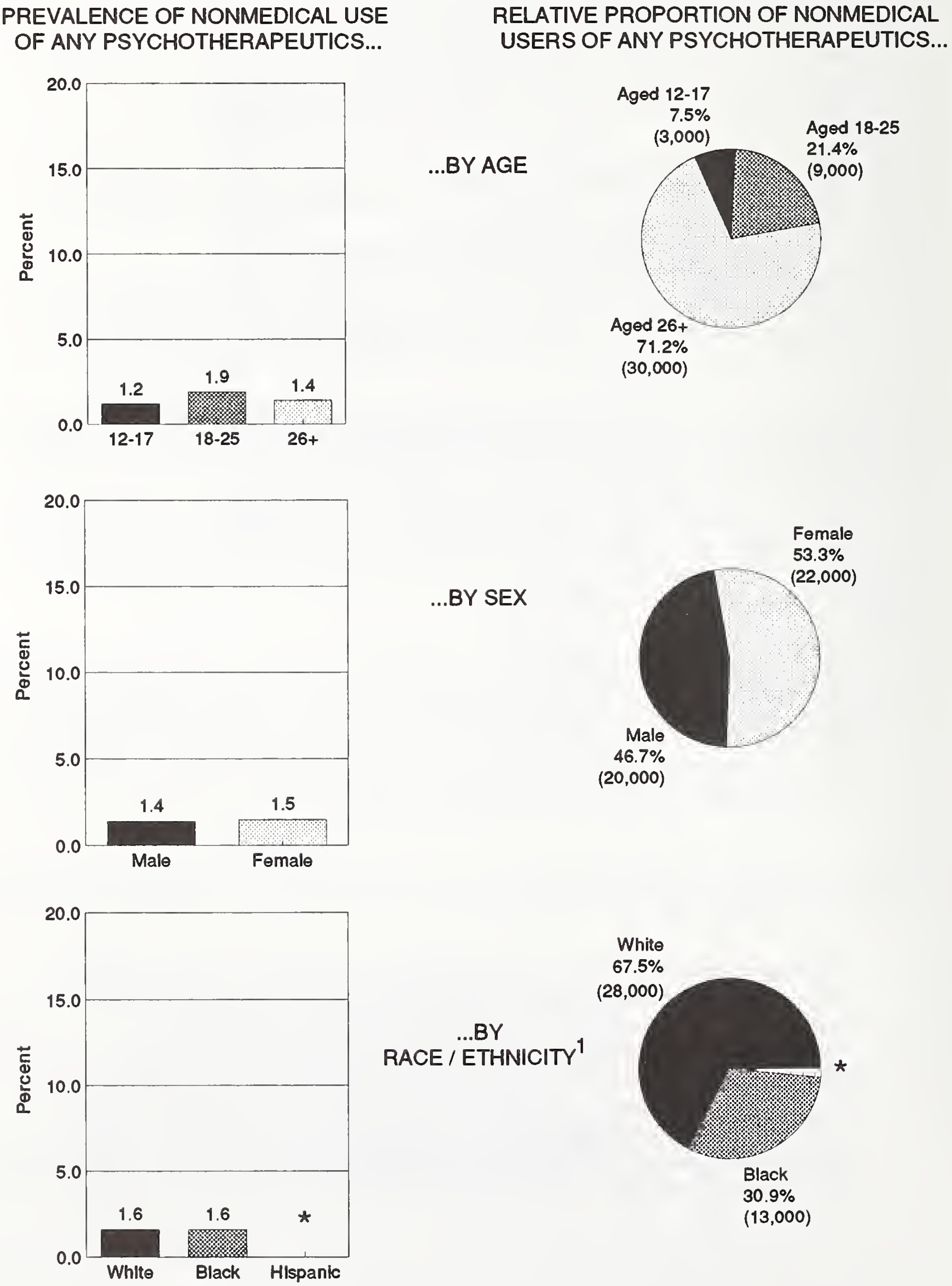
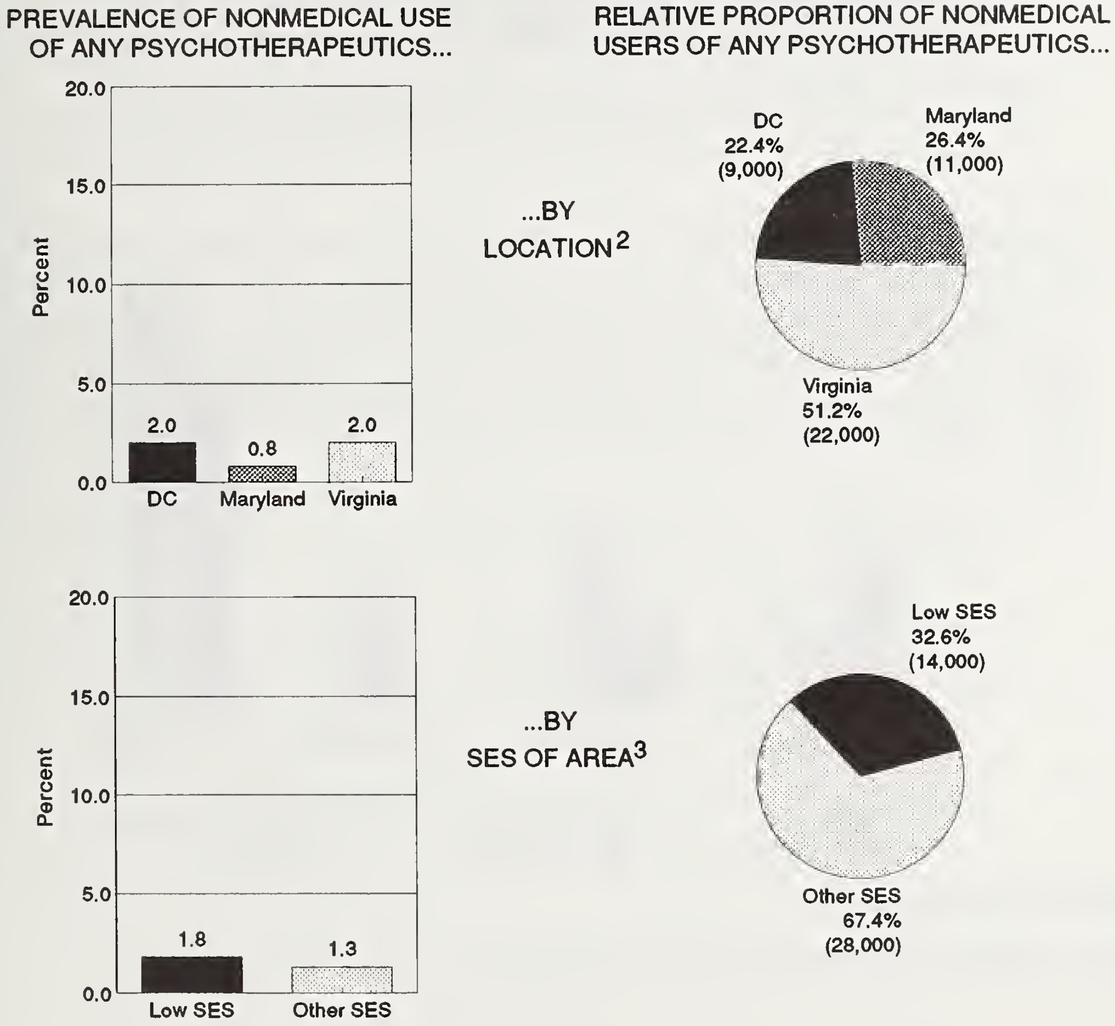


Figure 12 (continued)



*Low precision; no estimated reported.

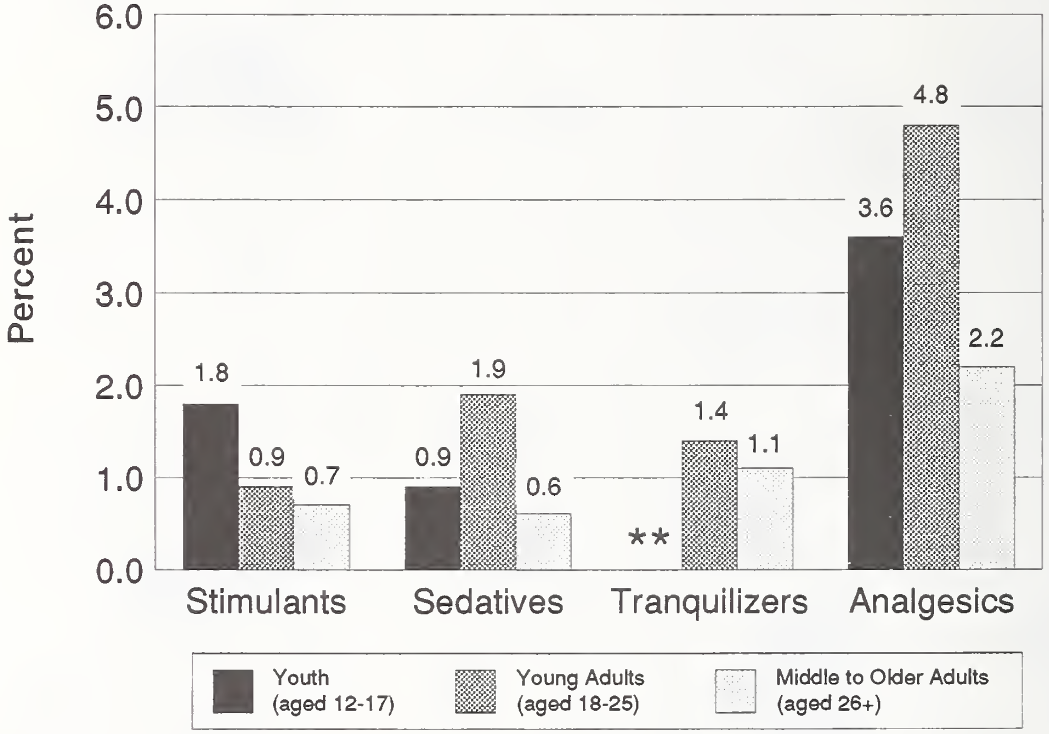
[1] Relative proportion figure for Race/Ethnicity includes data only for whites and blacks because data for Hispanics and other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 13. Percentage Reporting Nonmedical Use of Specific Psychotherapeutic Drugs in the Past Year in the DC MSA Household Population, by Age Group: 1990



**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- The prevalence of use of sedatives, tranquilizers, and analgesics in the past year was highest among young adults, while the use of stimulants was highest among youth. Prevalence levels were generally lowest among those aged 26 and older. The age groups did not differ significantly in their use of stimulants, sedatives, or tranquilizers in the past year. The rate of analgesic use among those aged 18 to 25 was significantly greater than among those aged 26 and older (p<.05).

These figures translate to 203,000 members of the DC MSA household population who had ever used stimulants, 123,000 who had ever used sedatives, 144,000 who had ever used tranquilizers, and 182,000 who had ever used analgesics for nonmedical reasons. Comparable numbers of users in the past month were 4,000 for stimulants, 10,000 for sedatives, 8,000 for tranquilizers, and 29,000 for analgesics (Table 1).

8.0 ALCOHOL

Alcohol is by far the most commonly used drug in the United States, probably because of its social acceptability, ready availability, and relatively low cost. This chapter examines the prevalence of use of any alcohol by age group and other demographic characteristics, levels of alcohol use, demographic correlates of heavy alcohol use, and concurrent use of alcohol and other drugs in the past month.

8.1 Prevalence of Alcohol Use (Figure 14)

- Some 87% of the DC MSA household population reported they had ever used alcohol, 74% reported use in the past year, and 61% reported use in the past month. These percentages of alcohol users in the DC MSA household population in the lifetime, past year, and past month are somewhat higher than comparable percentages for the total U.S. household population (83%, 66%, and 51%, respectively).

- More than 80% of adults aged 18 and older drank alcohol in the lifetime, compared with 45% of youth aged 12 to 17. More than 70% of adults drank alcohol in the past year compared with 41% of youth, while more than 60% of adults drank alcohol in the past month compared with 21% of youth.

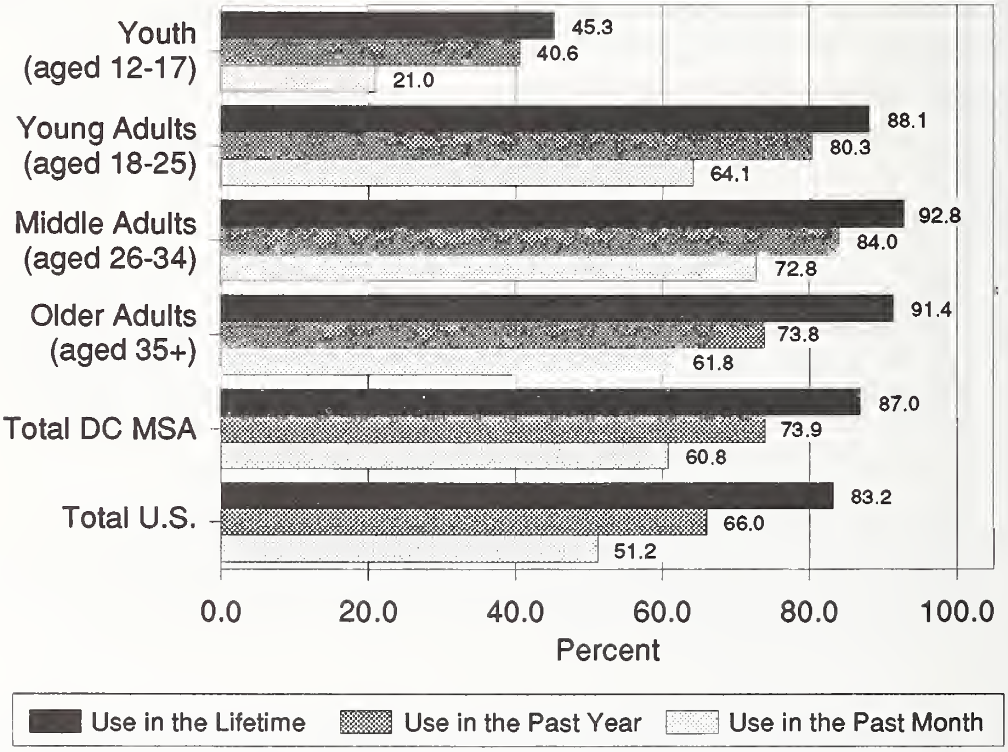
- The lifetime prevalence of use was not significantly different among those aged 18 to 25 (88%) and 26 to 34 (93%) compared to those aged 35 and older (91%). However, lifetime use was significantly greater among those aged 26 to 34 compared to those aged 18 to 25; rates of use among all three groups of adults were significantly greater than among youth.

- Past year use was highest among those aged 26 to 34 (84%), but that percentage of users was not significantly different from among those aged 18 to 25 (80%). The percentages of past year users among those aged 26 to 34 and 18 to 25 were significantly greater than among youth or older adults, and the percentages of past year users among all three groups of adults were significantly greater than among youth.

- Past month use was greatest among those aged 26 to 34 (73%), and this rate was significantly greater than among other age groups. The rates of past month use among those aged 18 to 25 (64%) and 35 and older (62%) were not significantly different. The rates of past month use of all three groups of adults were significantly greater than among youth.

- Although the rates of alcohol use in the lifetime, past year, and past month among adults aged 18 and older were significantly greater than among youth aged 12 to 17, substantial proportions of youth had used alcohol in the lifetime (45%), past year (41%), and past month (21%).

Figure 14. Percentage Reporting Alcohol Use in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

These percentages mean that roughly 2.5 million persons in the DC MSA household population drank alcohol in the lifetime, 2.2 million drank in the past year, and 1.8 million drank in the past month (Table 1).

8.2 Demographic Correlates of Alcohol Use in the Past Month (Figure 15)

- Age Group: Roughly two-thirds of those aged 18 to 25 and 26 and older were current alcohol users, compared with 21% of those aged 12 to 17. The rates of past month use among those aged 18 to 25 and 26 and older did not differ, but these rates were significantly greater than that for those aged 12 to 17. Some 55,000 of those aged 12 to 17, 300,000 of those aged 18 to 25, and 1.4 million of those aged 26 and older were current alcohol users.

- Sex: Males were significantly more likely than females to have used alcohol in the past month, approximately 68% compared with 53%. Some 988,000 males and 780,000 females had used alcohol in the past month.

- Race/Ethnicity: Some 67% of whites and 49% of blacks were current alcohol users, and these percentages were significantly different. The rates of use of Hispanics could not be estimated reliably. More than two-thirds of past month alcohol users were white (1.2 million), and more than one-fifth were black (400,000).

- Location: Roughly 65% of the Virginia household population were current alcohol users compared with 59% of the Maryland household population and 54% of the DC household population. These rates were not significantly different. Some 45% of past month alcohol users in the DC MSA household population were from Maryland (794,000), 41% were from Virginia (721,000), and 14% were from DC (253,000).

- SES of Area: Approximately 49% of those living in low SES areas within the urbanized area of the DC MSA reported alcohol use in the past month, compared with 65% in other SES areas of the DC MSA. These rates of current alcohol use were not significantly different. Almost 80% of current alcohol users were from areas other than low SES areas (1.4 million), while about 20% were from low SES areas (377,000).

8.3 Levels of Alcohol Use (Figure 16)

Heavy drinking is defined as having five or more drinks on one occasion (i.e., "at one sitting" or within a couple of hours) on five or more occasions in the past month.

- Among members of the DC MSA household population, roughly 61% drank any alcohol in the past month and some 7.0% could be classed as heavy drinkers. These percentages were somewhat higher than for the total U.S. household population (51% drinkers, 5.0% heavy drinkers).

Figure 15. Prevalence and Relative Proportion of Alcohol Use in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

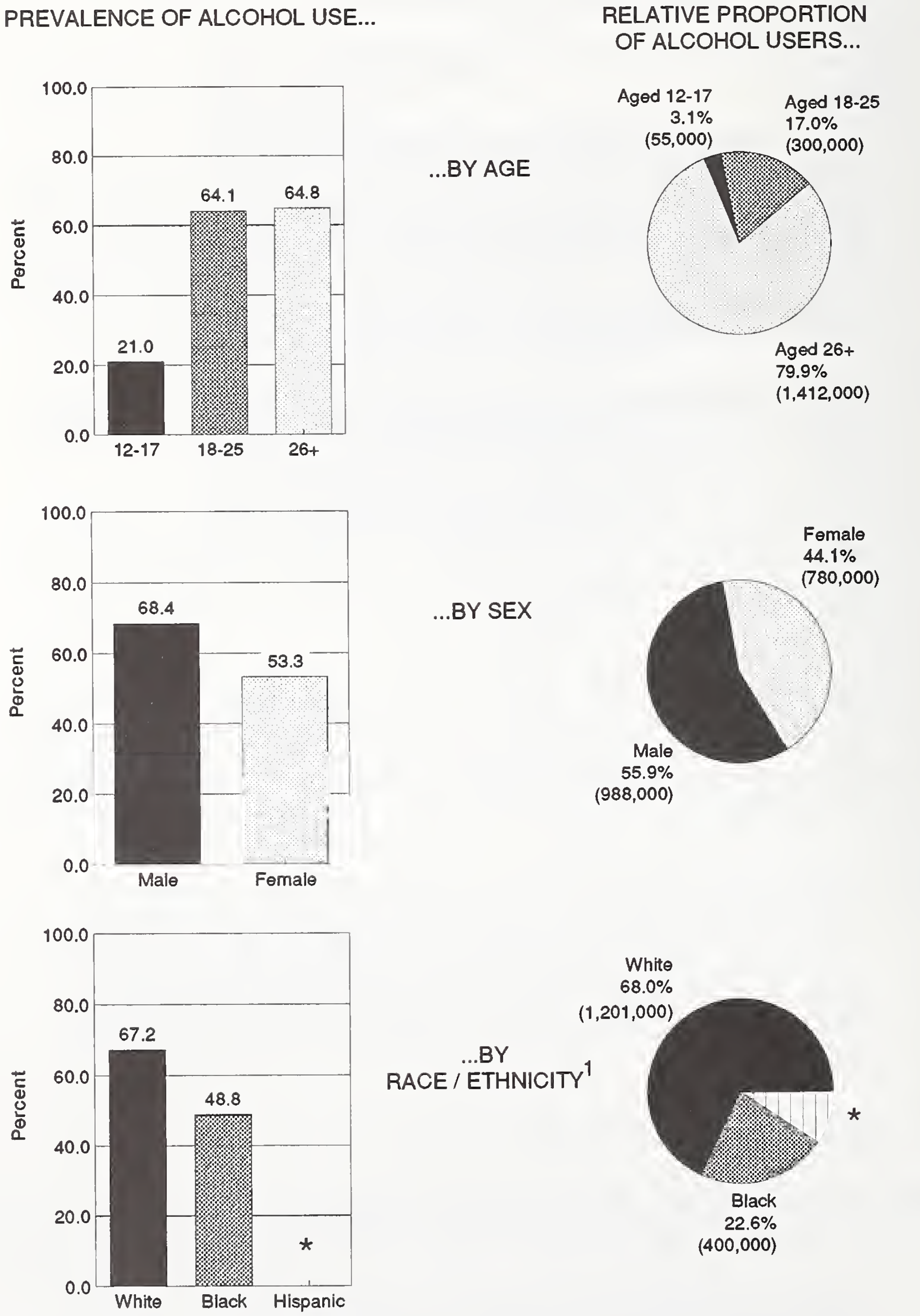
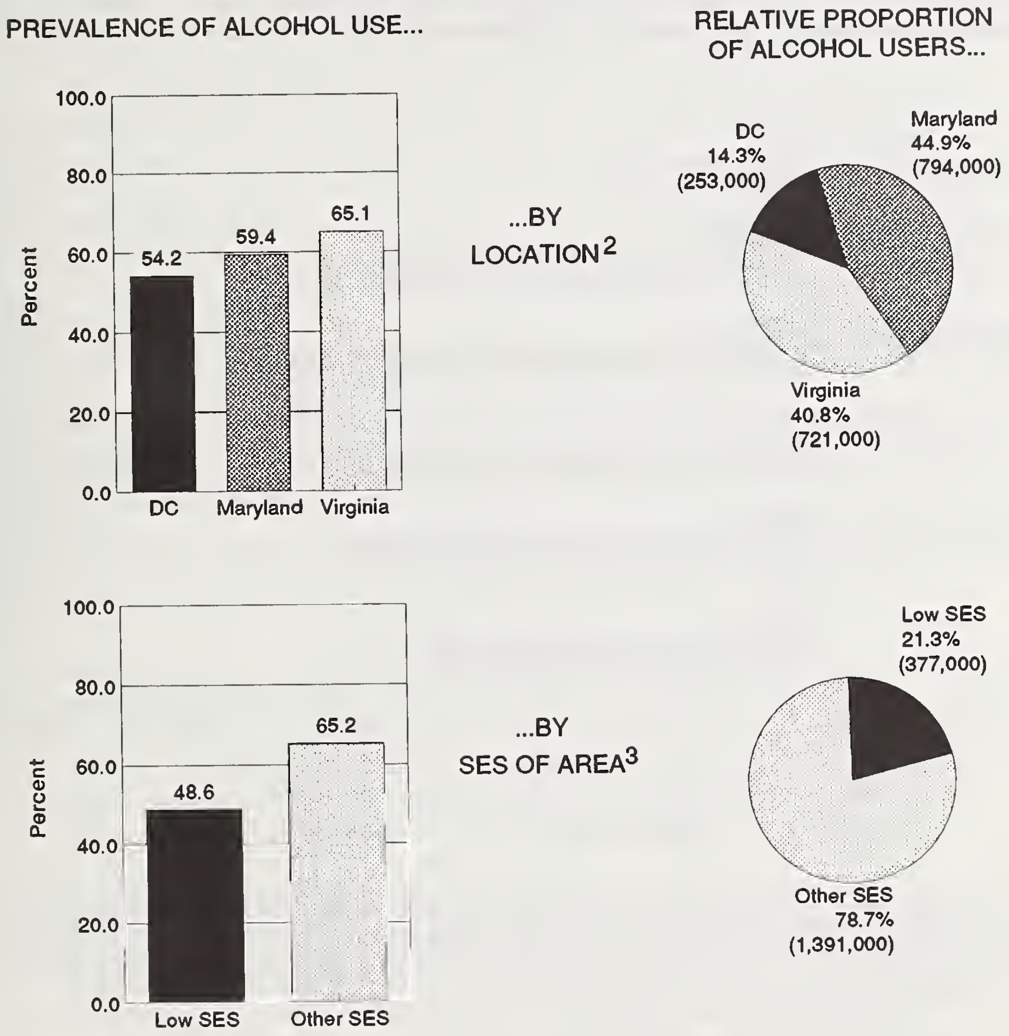


Figure 15 (continued)



PREVALENCE OF ALCOHOL USE...

RELATIVE PROPORTION OF ALCOHOL USERS...

...BY LOCATION[2]

...BY SES OF AREA[3]

*Low precision; no estimated reported.

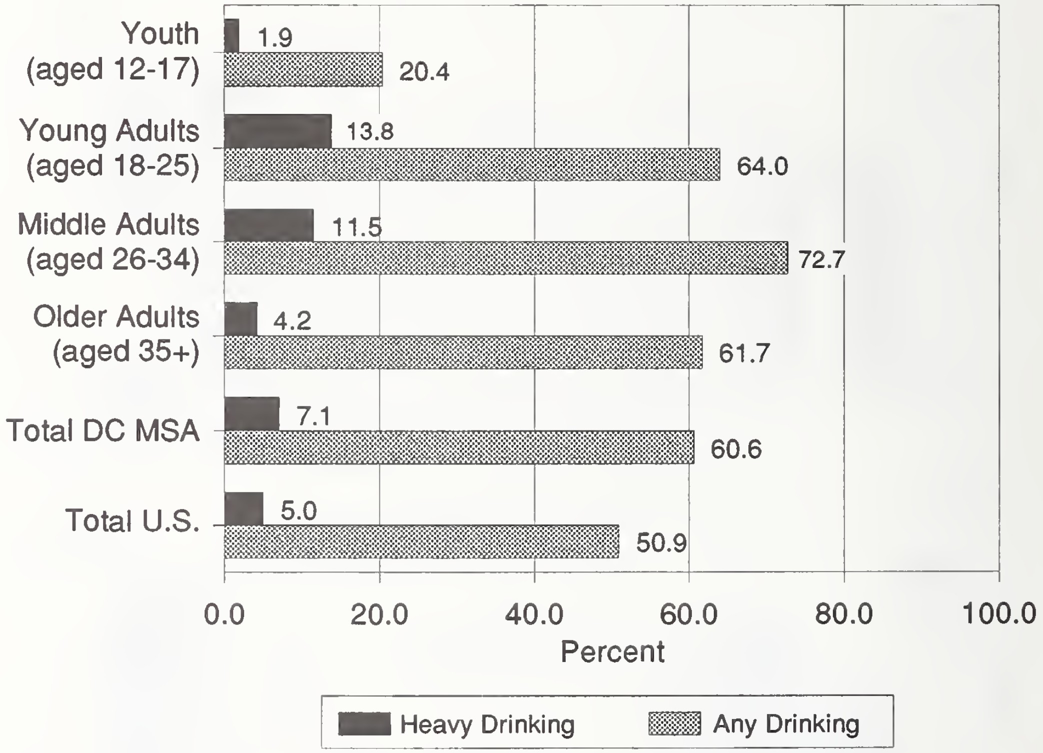
[1] Relative proportion figure for Race/Ethnicity includes data only for whites and blacks because data for Hispanics and other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 16. Percentage Reporting Heavy Alcohol Use and Any Use in the Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Note: Heavy drinking is defined as drinking five or more drinks per occasion on 5 or more days in the past 30 days. Only sample members who reported whether they drank five or more drinks per occasion in the past 30 days are included in this figure.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Those aged 26 to 34 were most likely to have drunk any alcohol in the past month, while those aged 18 to 25 were most likely to have been heavy drinkers (13.8%). The rate of heavy drinking among those aged 18 to 25 was followed by that among persons aged 26 to 34 (11.5%). The rate of heavy drinking among youth was 1.9%, and it was 4.2% among older adults. The rates of heavy drinking among those aged 18 to 25 and 26 to 34 did not differ significantly, nor did the rates among those aged 12 to 17 and 35 and older. The rates of heavy drinking among those aged 18 to 25 and 26 to 34 were significantly greater than among those aged 12 to 17 and 35 and older.

8.4 Demographic Correlates of Heavy Alcohol Use (Table 15)

The legal age for purchasing alcohol in most States is 21. Nevertheless, many underage members of the household population of the DC MSA consumed alcohol and were heavy drinkers. In this section, respondents under the age of 21 are distinguished from those aged 21 and older. Major demographic comparisons of heavy alcohol use, by age and for the total DC MSA and U.S. household populations, are as follows:

- Approximately 33% of those under age 21 had drunk alcohol in the past month, and almost 6% were heavy drinkers compared with 65% of those aged 21 and older who were drinkers and 7% who were heavy drinkers. The rate of any drinking among those aged 21 and older was significantly greater than among those under age 21, but the two groups did not differ significantly in rates of heavy drinking.

- Among those under age 21, rates of heavy drinking could not be estimated reliably for many demographic subgroups. Rates of heavy drinking were particularly high among whites under age 21 (9%). None of the comparisons of heavy drinking estimates among demographic subgroups for those under age 21 was statistically significant.

- Among those aged 21 and older, rates of heavy drinking were significantly greater among males (11%) compared with females (4%) ($p<.001$). Rates of heavy drinking among those aged 21 and older were also greater among whites than blacks, among the DC and Virginia household populations compared with Maryland, and among those with less than a high school education or some college, but these differences were not statistically significant.

8.5 Use of Alcohol and Other Drugs in the Past Month (Table 16)

- Members of the DC MSA household population who had drunk alcohol in the past month were more than three times more likely than those who had not consumed alcohol to have also used illicit drugs in the past month (9.4% compared with 2.7%). Current alcohol users were about

Table 15. Percentage of Those Under 21 and 21 and Older of the DC MSA Household Population Reporting Alcohol Use and Heavy Alcohol Use in the Past Month, by Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)							
	Under 21 (N=604)		21 and Older (N=1,320)		Total DC MSA (N=1,924)		Total U.S. (N=9,214)	
Demographic Characteristic	Any Use	Heavy Use	Any Use	Heavy Use	Any Use	Heavy Use	Any Use	Heavy Use
Total	32.8	5.7	65.3	7.3	60.6	7.1	50.9	5.0
Sex								
Male	37.9	7.3	73.3	11.1	68.2	10.6	58.6	8.5
Female	27.7	*	57.4	3.6	53.2	3.6	43.9	1.7
Race/Ethnicity[1]								
White	40.9	9.4	71.2	8.5	67.2	8.7	52.9	5.0
Black	25.0	*	52.8	5.6	48.4	4.8	43.6	5.1
Hispanic	*	**	*	*	50.8	*	46.8	5.4
Location[2]								
DC	*	*	56.6	8.7	54.0	9.0	N/A	N/A
Maryland	32.1	3.6	64.3	5.1	59.2	4.9	N/A	N/A
Virginia	32.8	6.5	70.1	9.3	65.0	8.9	N/A	N/A
Type of Area[3]								
Low SES	29.7	7.1	52.1	6.5	48.5	6.6	N/A	N/A
Other SES	34.1	5.1	69.9	7.6	65.0	7.3	N/A	N/A

Note: Heavy use is defined as drinking five or more drinks per occasion on 5 or more days in the past 30 days. Only sample members who reported whether they drank five or more drinks per occasion in the past 30 days are included in this table.

N/A: Not applicable.

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both the urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 16. Percentage of the DC MSA Household Population Reporting Use of Selected Drugs in the Past Month, by Age Group and Alcohol Use in the Past Month: 1990

Age Group and Drugs Used in the Past Month	Alcohol Use in the Past Month		Total DC MSA
	No	Yes	
Total DC MSA	(N=924)	(N=1,007)	(N=1,931)
Cigarettes	21.5	31.3	27.5
Marijuana	1.1	7.9	5.2
Drugs other than marijuana	1.8	4.0	3.2
Nonmedical use of any psychotherapeutics[1]	1.4	1.5	1.5
Cocaine	**	1.8	1.1
Any illicit drug use[2]	2.7	9.4	6.8
12- to 17-years-old	(N=356)	(N=84)	(N=440)
Cigarettes	6.4	31.5	11.7
Marijuana	0.4	*	3.3
Drugs other than marijuana	1.2	8.8	2.8
Nonmedical use of any psychotherapeutics	0.8	*	1.2
Cocaine	**	*	0.5
Any illicit drug use	1.3	*	4.9
18- to 25-years-old	(N=188)	(N=280)	(N=468)
Cigarettes	13.7	40.7	31.0
Marijuana	1.1	19.5	12.9
Drugs other than marijuana	2.1	9.2	6.7
Nonmedical use of any psychotherapeutics	0.9	2.5	1.9
Cocaine	**	3.9	2.5
Any illicit drug use	3.2	22.2	15.4
26- to 34-years-old	(N=162)	(N=351)	(N=513)
Cigarettes	32.9	40.8	38.6
Marijuana	3.3	10.9	8.8
Drugs other than marijuana	*	5.2	4.6
Nonmedical use of any psychotherapeutics	*	0.8	1.2
Cocaine	**	3.8	2.8
Any illicit drug use	5.8	12.3	10.5
35 years and older	(N=218)	(N=292)	(N=510)
Cigarettes	25.8	24.2	24.8
Marijuana	0.7	2.6	1.9
Drugs other than marijuana	*	1.6	1.6
Nonmedical use of any psychotherapeutics	*	1.3	1.4
Cocaine	**	*	0.2
Any illicit drug use	2.3	3.6	3.1

*Low precision; no estimate reported.

**Estimate rounds to zero.

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

seven times as likely as nonusers to have used marijuana in the past month and about twice as likely to have used drugs other than marijuana. Current alcohol users and nonusers were about equally likely to have used psychotherapeutic drugs for nonmedical reasons (1.5% and 1.4%, respectively). The percentage of nonalcohol users who had also used cocaine in the past month could not be estimated reliably.

- This tendency for current alcohol users to be more likely than nonusers to also be current users of illicit drugs was found for all age groups and was perhaps most pronounced for those aged 18 to 25 (22% compared with 3% for any illicit drug use).

- Current alcohol users in each age group except for those aged 35 and older were also more likely than nonusers to have smoked cigarettes in the past month.

9.0 TOBACCO

Most Americans have either smoked cigarettes or used smokeless tobacco in the form of snuff or chewing tobacco. Tobacco use is of great concern because of its recognized addictive qualities and negative effects on health. This chapter examines the prevalence of cigarette smoking by age group, demographic correlates of tobacco use in the past month, levels of cigarette smoking, and smokeless tobacco use.

9.1 Prevalence of Cigarette Smoking (Figure 17)

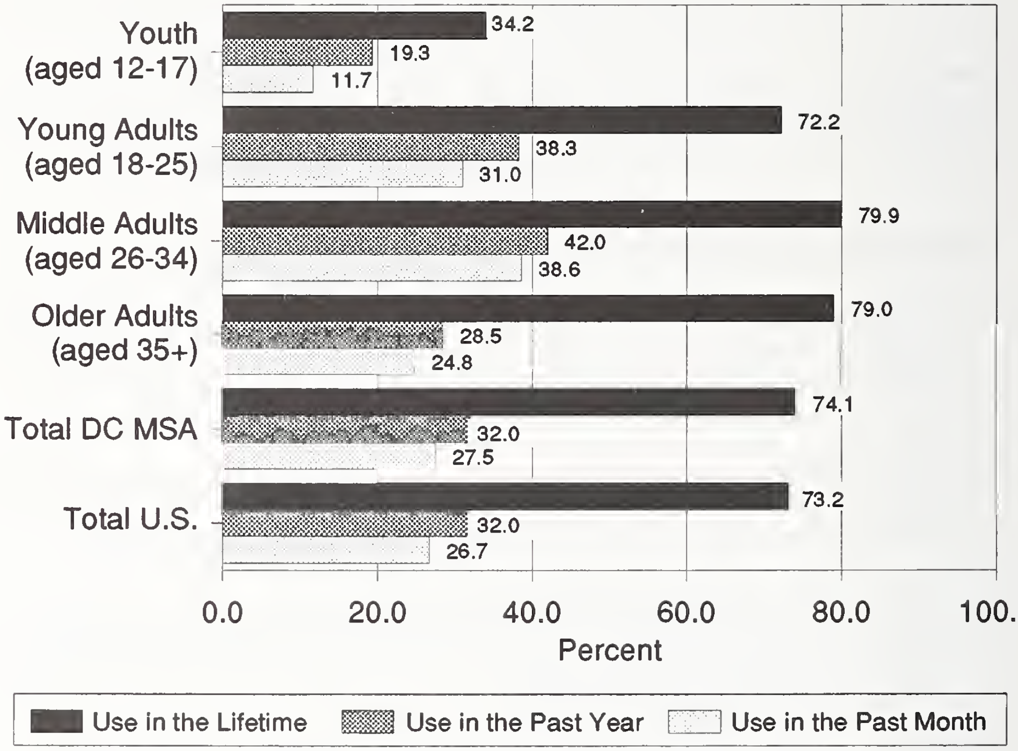
- Approximately 74% of the DC MSA household population reported they had ever smoked cigarettes, 32% reported smoking in the past year, and 27% reported smoking in the past month. These percentages are very similar to those for the total U.S. household population.
- Middle adults aged 26 to 34 were the most likely of the four age groups to report having ever smoked cigarettes (79.9%), to have smoked in the past year (42%), and to have smoked in the past month (38.6%).
- The lifetime prevalence of cigarette smoking was significantly lower among those aged 12 to 17 (34%) than among each of the other age groups and significantly lower among those aged 18 to 25 (72%) than among those aged 26 to 34 (80%).
- Past year cigarette smoking was significantly greater among those aged 26 to 34 (42%) and 18 to 25 (38%) than among the older (28%) and younger (19%) age groups. The rates of past month smoking of all three groups of adults were significantly greater than among youth.

These percentages translate to more than 2 million (2,155,000) in the DC MSA household population who had ever smoked cigarettes, 932,000 who smoked cigarettes in the past year, and 799,000 who smoked cigarettes in the past month (Table 1).

9.2 Demographic Correlates of Cigarette Smoking in the Past Month (Figure 18)

- Age Group: Those aged 18 to 25 (31%) and those aged 26 and older (28.6%) were significantly more likely to have reported current cigarette smoking than those aged 12 to 17 (11.7%), and those aged 18 to 25 were significantly more likely to have reported current cigarette smoking than those aged 26 and older. Some 31,000 persons aged 12 to 17, 145,000 persons aged 18 to 25, and 623,000 persons aged 26 and older reported having smoked cigarettes in the past month.

Figure 17. Percentage Reporting Cigarette Use in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 18. Prevalence and Relative Proportion of Cigarette Use in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

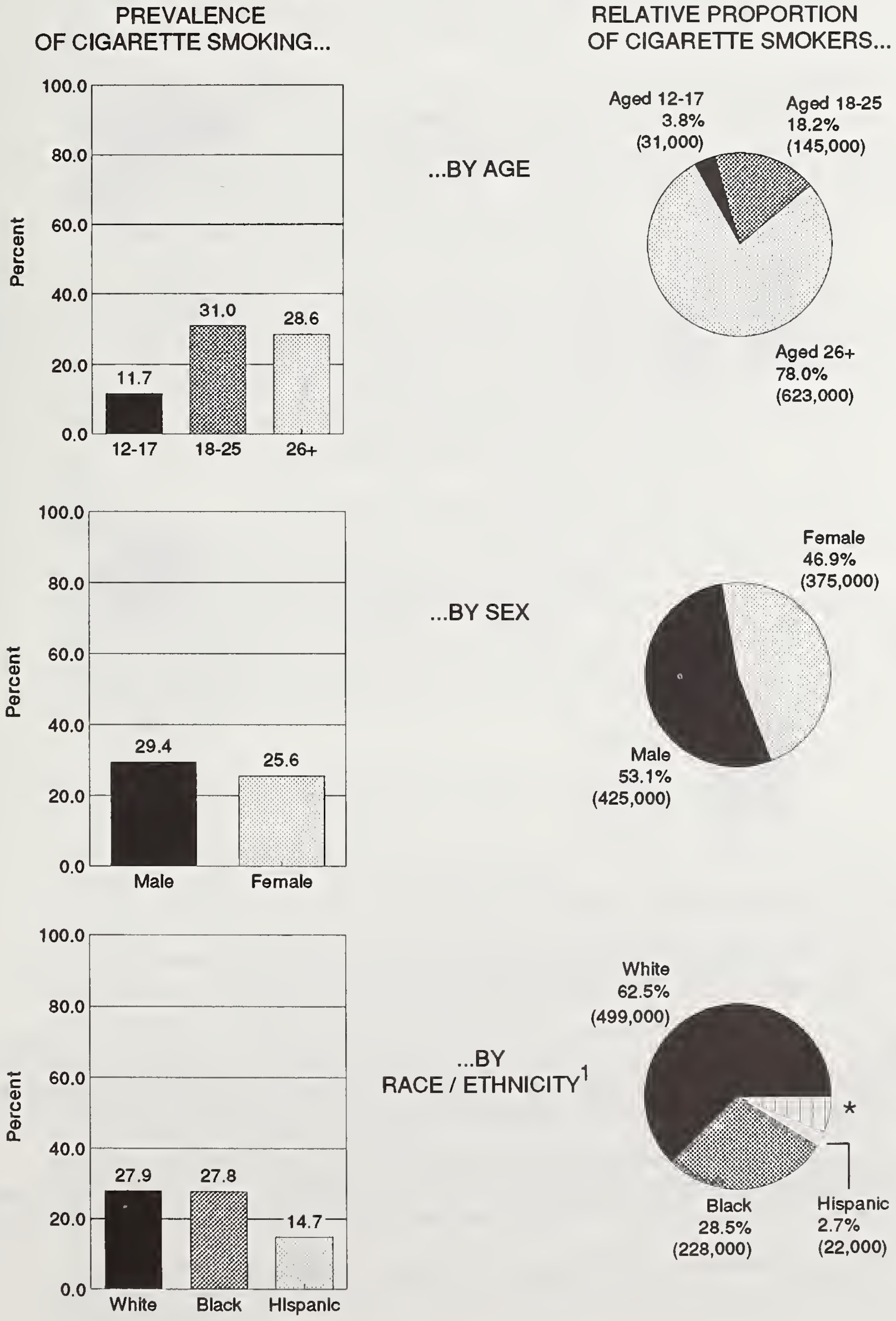
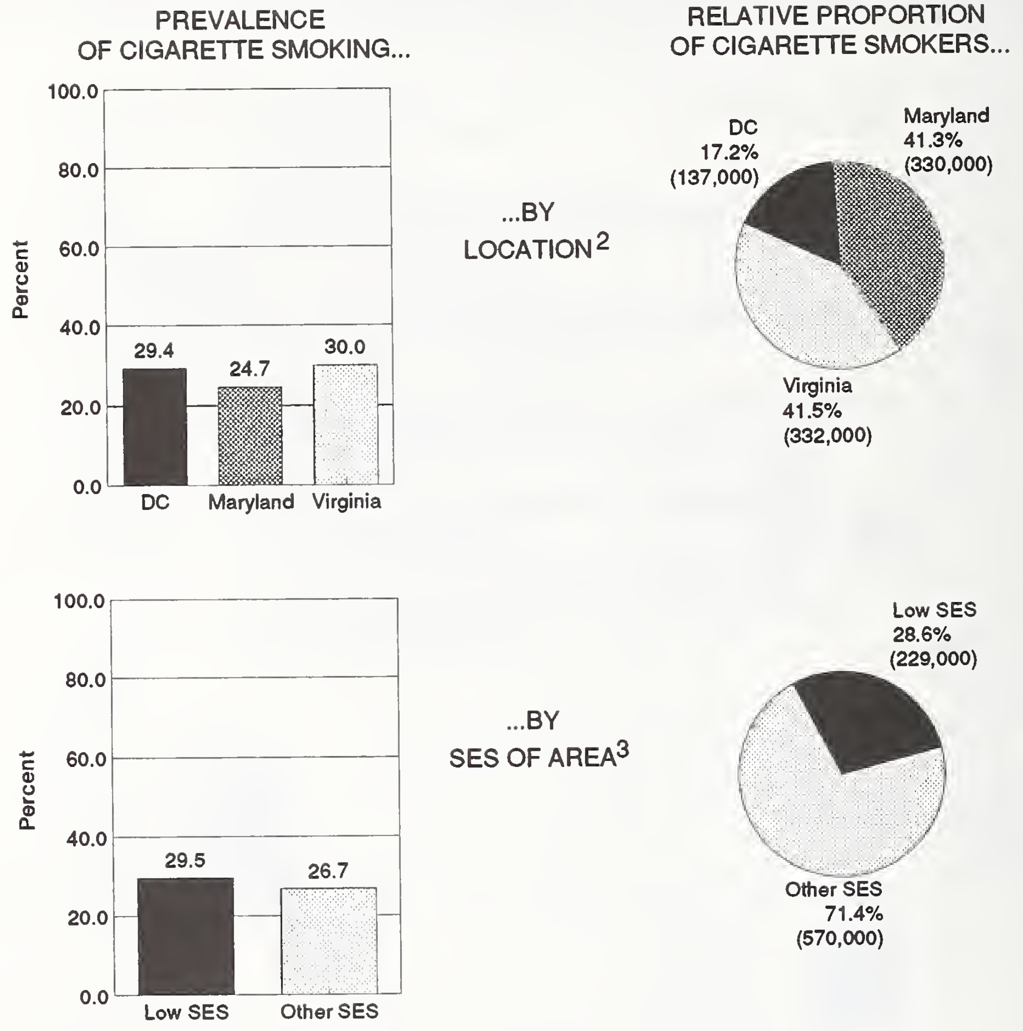


Figure 18 (continued)



*Low precision; no estimated reported.

[1] Relative proportion figure for Race/Ethnicity includes data only for whites, blacks, and Hispanics because data for other racial/ethnic groups were suppressed.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Sex: The rate of past month use of cigarettes among males (29.4%) was slightly greater than among females (25.6%). Approximately 53% of current cigarette smokers were male and 47% were female. These figures translate to roughly 425,000 current cigarette smokers who were male and 375,000 who were female.

- Race/Ethnicity: Rates of current cigarette use among whites (27.9%) and blacks (27.8%) were significantly higher than among Hispanics (14.7%). Approximately 63% of those currently using cigarettes were white, and roughly 29% were black. These figures translate to approximately 499,000 current cigarette smokers who were white, 228,000 who were black, and 22,000 who were Hispanic.

- Location: The rates of current cigarette use were higher in Virginia (30%) and DC (29.4%) than in Maryland (24.7%); however, the rates did not differ significantly. Roughly 41% of current cigarette smokers in the household population lived in Virginia, and approximately 42% lived in Maryland. Some 332,000 persons who lived in Virginia, 330,000 persons who lived in Maryland, and 137,000 persons who lived in DC reported having used cigarettes in the past month.

- SES of Area: The rates of current cigarette use were 29.5% in the low SES areas in the DC MSA's urbanized area and 26.7% in the other SES areas within the DC MSA. These rates of use did not differ significantly. The majority of cigarette smokers lived in other SES areas, while roughly 29% lived in low SES areas of the DC MSA's urbanized area. Some 229,000 persons who lived in low SES areas and some 570,000 persons who lived in other SES areas reported having used cigarettes in the past month.

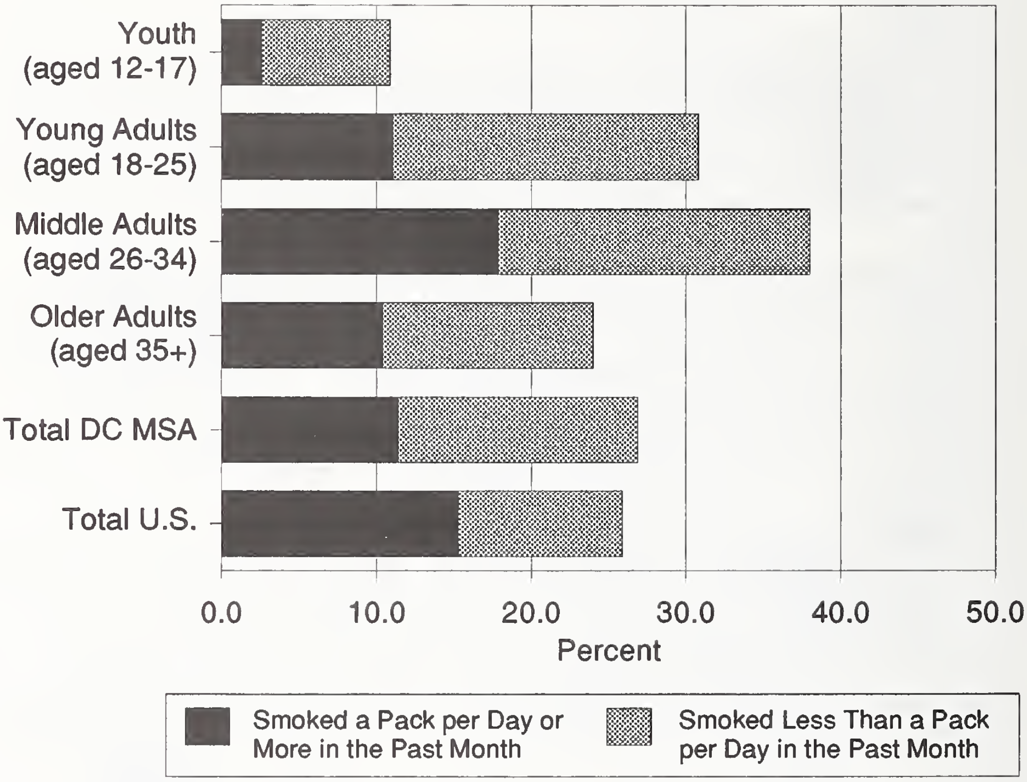
9.3 **Level of Cigarette Smoking** (Figure 19, Table 17)

- Of the total DC MSA household population, some 15% smoked less than a pack of cigarettes a day in the past month, and approximately 11% smoked a pack or more a day in the past month. The percentage smoking less than a pack a day in the past month is higher for the DC MSA household population than for the total U.S. household population, but the percentage smoking a pack or more a day in the past month is higher for the total U.S. household population.

- Age Group: Middle adults aged 26 to 34 were significantly more likely to have smoked a pack of cigarettes a day in the past month than each of the other age groups. Almost 18% of those aged 26 to 34 reported having smoked a pack or more a day, compared with 11.1% of those aged 18 to 25, 10.4% of those aged 35 and older, and 2.6% of those aged 12 to 17.

- Sex: The percentage of males (12.9%) and females (9.9%) who reported smoking a pack of cigarettes or more a day in the past month did not differ significantly.

Figure 19. Percentage Reporting Smoking Cigarettes in the Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Note: A pack a day or more is defined as averaging 16 or more cigarettes per day in the past month. Less than a pack a day is defined as averaging 15 or fewer cigarettes per day in the past month.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 17. Percentage Distribution of Amount of Past Month Cigarette Use in the DC MSA Household Population, by Demographic Characteristics: 1990

Demographic Characteristic	(Unweighted N)	Past Month Use[1]		
		None	Less Than a Pack a Day	A Pack or More a Day
Total U.S.	(9,145)	74.0	10.6	15.3
Total DC MSA	(1,898)	73.2	15.5	11.4
Sex				
Male	(842)	71.5	15.6	12.9
Female	(1,056)	74.8	15.3	9.9
Age Group				
12-17 years	(433)	89.0	8.3	2.6
18-25 years	(463)	69.3	19.7	11.1
26-34 years	(500)	62.0	20.1	17.9
≥35	(502)	75.9	13.6	10.4
Race/Ethnicity[2]				
White	(1,036)	72.9	14.2	12.9
Black	(676)	72.5	17.0	10.4
Hispanic	(116)	85.3	10.9	*
Location[3]				
DC	(402)	71.6	16.6	11.9
Maryland	(869)	75.3	14.6	10.0
Virginia	(627)	71.2	16.0	12.8
Type of Area[4]				
Low SES	(948)	70.7	15.0	14.3
Other SES	(950)	74.0	15.6	10.3

Note: Only past month cigarette users who reported the number of cigarettes they smoked per day during the past 30 days are included in this table. Thus, the actual unweighted N's are smaller than they appear in Table A.1 because of differing patterns of nonresponse for the question on cigarettes per day.

*Low precision; no estimate reported.

[1] Less than a pack a day is defined as averaging 15 cigarettes or fewer per day in the past month. A pack a day or more is defined as averaging 16 or more cigarettes per day in the past month.

[2] The category "Other" for Race/Ethnicity is not included.

[3] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[4] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Race/Ethnicity: The percentage of the DC MSA household population smoking a pack or more a day in the past month was greater for whites (12.9%) than for blacks (10.4%). Hispanics were significantly less likely than whites (p<.01) or blacks (p<.05) to have smoked a pack of cigarettes or more a day in the past month.

- Location: The percentage of the DC MSA household population who smoked a pack or more a day in the past month was higher in Virginia (12.8%) than in the DC area (11.9%) and Maryland (10%), but the rates were not significantly different.

- SES of Area: The percentage of the household population who smoked a pack of cigarettes or more a day in the past month was greater among those in the low SES areas within the DC MSA's urbanized area (14.3%) than in other areas of the DC MSA (10.3%); however, the rates were not significantly different.

9.4 Smokeless Tobacco Use (Table 18)

- Approximately 11% of the DC MSA household population reported having ever used smokeless tobacco, compared with approximately 14% of the total U.S. household population.

- Age Group: Almost 19% of those aged 18 to 25 reported having ever used smokeless tobacco compared to 11.3% of those aged 26 to 34, 8.9% of those aged 12 to 17, and 8.3% of those aged 35 and older. The rate of current smokeless tobacco use was significantly greater for those aged 18 to 25 than for those aged 12 to 17 (p<.01) and for those aged 35 and older (p<.001).

- Sex: The rate of lifetime smokeless tobacco use among males (17%) was significantly greater than among females (4.4%) at the p<.001 level. This pattern was evident within every age group, but it was less pronounced for those aged 35 and older.

- Race/Ethnicity: The rate of lifetime smokeless tobacco use among whites (12.4%) was higher than among blacks (8.3%), but the rates were not significantly different.

- Location: The rate of lifetime smokeless tobacco use was highest in Virginia (12.9%), followed by Maryland (10.2%) and DC (6.6%). The rates of use differed significantly for Virginia and DC.

- SES of Area: The rate of lifetime smokeless tobacco use in low SES areas within the DC MSA's urbanized area (9.4%) was lower than the rate in other areas of the DC MSA (11.1%); however, the rates were not significantly different.

Table 18. Percentage of the DC MSA Household Population Reporting Lifetime Smokeless Tobacco Use, by Age Group and Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)					
Demographic Characteristic	**12-17**	**18-25**	**26-34**	**≥35**	**Total DC MSA**	**Total U.S.**
Total U.S.	11.8	21.7	17.1	11.5	N/A	14.1
Total DC MSA	8.9	18.9	11.3	8.3	10.7	N/A
Sex						
Male	17.0	36.0	17.5	11.1	17.0	26.2
Female	0.7	2.8	3.4	5.7	4.4	3.0
Race/Ethnicity[1]						
White	13.4	28.3	14.1	7.1	12.4	15.9
Black	*	6.3	9.3	*	8.3	9.3
Hispanic	**	**	**	*	*	5.2
Location[2]						
DC	*	*	*	6.9	6.6	N/A
Maryland	6.3	19.6	11.3	8.1	10.2	N/A
Virginia	14.6	23.8	13.0	9.0	12.9	N/A
Type of Area[3]						
Low SES	6.6	11.9	15.3	6.6	9.4	N/A
Other SES	9.7	21.9	9.8	8.9	11.1	N/A

*Low precision; no estimate reported.
**Estimate rounds to zero.
N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

10.0 PROBLEMS RELATED TO ILLICIT DRUG, ALCOHOL, AND CIGARETTE USE

The interview instrument contained a number of questions designed to measure problems or consequences that may result from drug use. In general, these questions asked the respondent to evaluate if he or she had certain problems that could be attributed to use of marijuana, cocaine, alcohol, or cigarettes, and which substance accounted for the particular problem.

10.1 Problems Attributed to Illicit Drug, Alcohol, and Cigarette Use in the Past Year (Figure 20, Table 19)

- In the total DC MSA household population, approximately 19% of the respondents reported having any problems related to drug use compared to roughly 15% in the total U.S. household population. Approximately 11% of the total DC MSA and 9% of the total U.S. household populations reported two or more problems related to drug use. Three or more problems associated with drug use were reported by nearly 7% of the total DC MSA and 6% of the total U.S. household populations.

- Approximately 35% of young adults reported having any problems related to drug use, compared with 25% of middle adults, 14% of youth, and 12% of older adults.

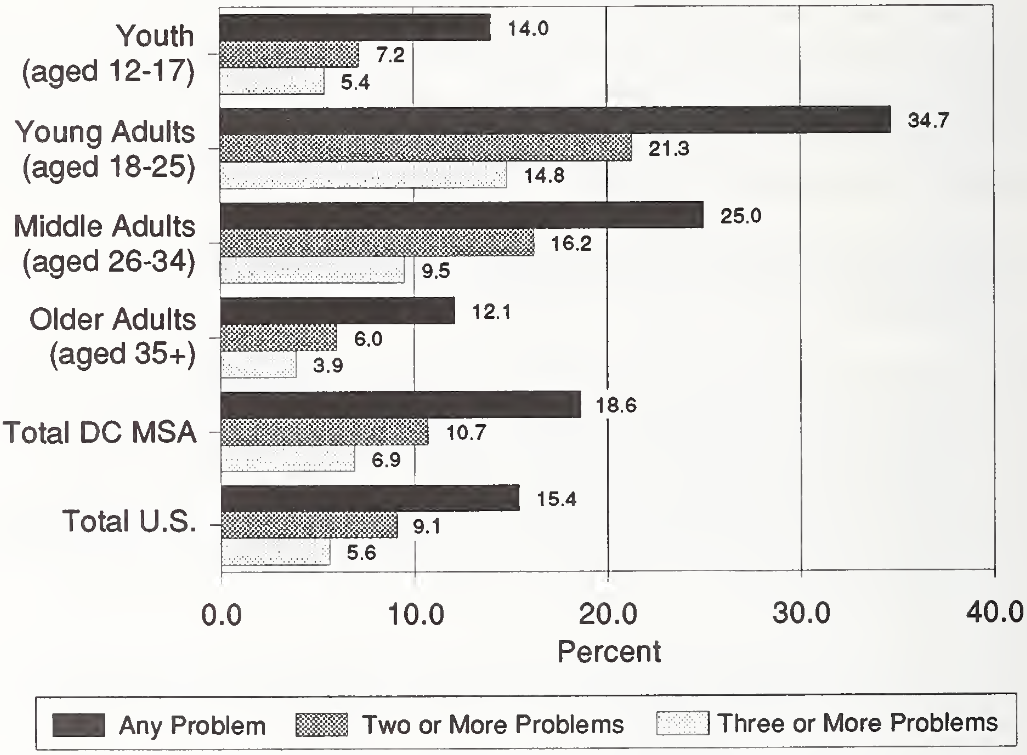
- About one-fifth of young adults reported having two or more problems related to drug use, while 16% of middle adults, 7% of youth and 6% of older adults reported having two or more problems.

- Some 15% of young adults, 9% of middle adults, 5% of youth, and 4% of older adults reported having three or more problems associated with drug use.

- Users of illicit drugs were more likely to have experienced any problems than users of alcohol and cigarettes. Among the DC MSA household population, approximately 22% of marijuana users reported any problems, compared with 21% of cocaine users, 15% of alcohol drinkers, and 14% of cigarette smokers. The total DC MSA household population had higher percentages of any problems than the total U.S. household population for illicit drugs, alcohol, and cigarettes.

- Users of illicit drugs were more likely to have experienced problems than were users of alcohol and cigarettes. Among the DC MSA household population, past year cocaine users had the highest percentage of two or more problems (roughly 11%), followed by marijuana users (9%), alcohol drinkers (8%), and cigarette smokers (6%). Past year cocaine users had the highest percentage of three or more problems (approximately 7%), compared with marijuana users (6%), alcohol drinkers (5%), and cigarette smokers (4%).

Figure 20. Percentage of the DC MSA Household Population Reporting Past Year Problems Resulting from Their Use of Illicit Drugs, Alcohol, or Cigarettes, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Note: Problems associated with use during the past year include the following: "became depressed or lost interest in things," "had arguments and fights with family or friends," "felt completely alone and isolated," "felt very nervous and anxious," "had health problems," "found it difficult to think clearly," "felt irritable and upset," "got less work done than usual at school or on the job," "felt suspicious and mistrustful of people," "found it harder to handle my problems," and "had to get emergency medical help."

Respondents with missing data on problems were coded as not having problems. Compared with estimates based on coding missing data for nonusers or light users of these substances as not having problems (while leaving the missing data for other users), the figures reported here may be slightly conservative estimates of the prevalence of perceived problems.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 19. Percentage of the DC MSA Household Population and Total U.S. Household Population of Past Year Users of Marijuana, Cocaine, Alcohol, and Cigarettes Who Attributed Past Year Problems to Those Substances: 1990

Problems Associated with Use During Past Year[1] (Unweighted N)	Drug Use in the Past Year			
	Marijuana (N=227)	Cocaine (N=102)	Alcohol (N=1,311)	Cigarettes (N=631)
Any Problems				
Total DC MSA	22.3	21.1	14.5	13.5
Total U.S.	15.8	15.7	11.7	12.7
Two or More Problems				
Total DC MSA	8.8	10.6	8.2	5.8
Total U.S.	8.2	11.4	6.0	5.5
Three or More Problems				
Total DC MSA	5.6	7.4	4.7	3.8
Total U.S.	3.7	8.4	3.5	2.3

Note: Problems associated with use during the past year include the following: "became depressed or lost interest in things," "had arguments and fights with family or friends," "felt completely alone and isolated," "felt very nervous and anxious," "had health problems," "found it difficult to think clearly," "felt irritable and upset," "got less work done than usual at school or on the job," "felt suspicious and mistrustful of people," "found it harder to handle my problems," and "had to get emergency medical help."

[1] Respondents with missing data on problems are coded as not having problems. Compared with estimates based on coding missing data for nonusers or light users of these substances as not having problems (while leaving the missing data for other users), the numbers reported in this table may be slightly conservative estimates of the prevalence of perceived problems.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- Users of marijuana, alcohol, and cigarettes from the DC MSA household population had slightly higher percentages of two or more problems and three or more problems than users within the U.S. household population. The opposite was true for cocaine users.

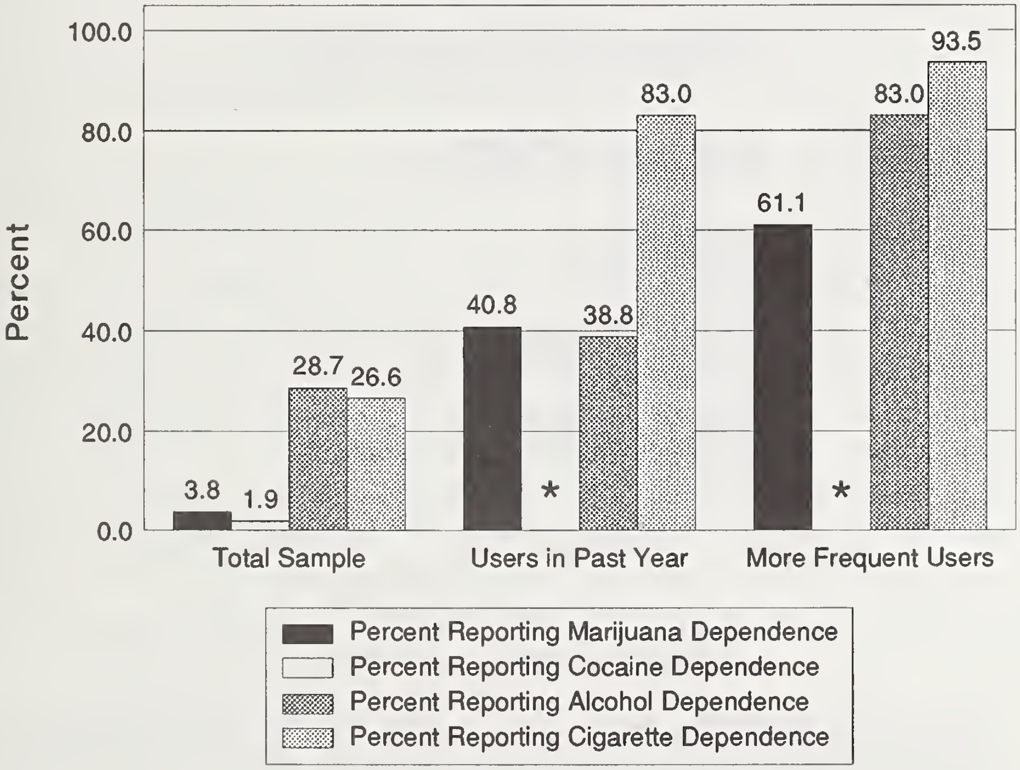
10.2 Components of Dependence (Figure 21)

- Roughly 29% of all respondents, 39% of those who used in the past year, and 83% of more frequent users reported dependence on alcohol.
- Approximately 27% of all respondents reported dependence on cigarettes, while 83% of past year users and 93% of more frequent users reported dependence on cigarettes.
- Some 4% of all respondents, 41% of past year users, and 61% of more frequent users reported dependence on marijuana.
- In the total sample, roughly 2% of the respondents reported dependence on cocaine, but the percentages of past year and more frequent users were unable to be estimated with precision.

10.3 Negative Drinking Experiences (Figure 22)

- Approximately 84% of middle adults, 80% of young adults, 74% of older adults, and 41% of youth reported having drunk alcohol in the past year (Figure 14).
- Of those who drank, more than half of the young adults (approximately 59%) and youth (50%) reported having had any problems related to drinking, while 41% of middle adults and 26% of older adults reported problems related to drinking alcohol.
- Of those who drank, some 32% of young adults, 25% of youth, 20% of middle adults, and 10% of older adults reported three or more problems related to alcohol use.
- In the DC MSA household population, approximately 74% reported having consumed alcohol in the past year compared to 66% in the U.S. household population (Figure 14).
- Some 36% of those who drank in the past year in the DC MSA household population reported having any problems related to alcohol use compared to 31% in the total U.S. household population, and 17% of those in the DC MSA household population reported having three or more problems related to alcohol use compared to 15% in the total U.S. household population.

Figure 21. Percentage of the DC MSA Household Population Reporting Components of Dependence in the Past Year Attributed to Use of Marijuana, Cocaine, Alcohol, and Cigarettes for the Total Sample, Those Who Used at Least Once in the Past Year, and Those Who Used Once a Month or More Often in the Past Year: 1990



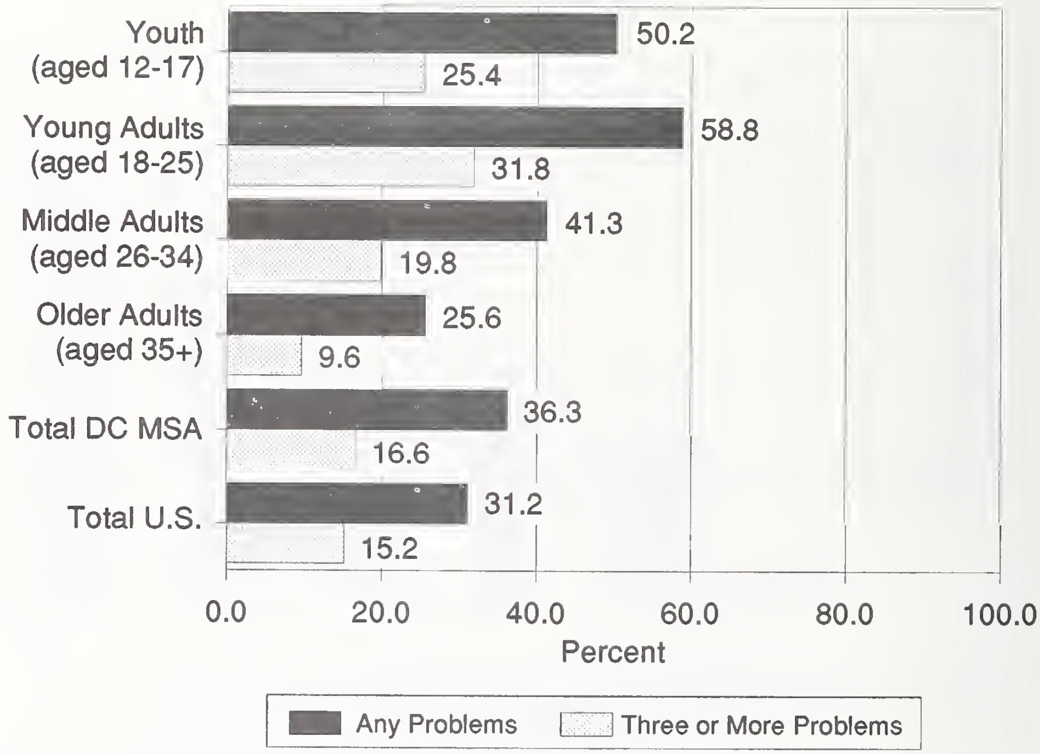
Note: Dependence was based on a composite variable of the following questions: (1) Have you ever tried to cut down on your use of any of these drugs? (2) Circle the number next to each drug for which you need larger amounts to get the same effect or for which you can no longer get high on the amount you used before. (3) Circle the number next to each drug you have ever used every day or almost daily for two or more weeks in a row. (4) Circle the number next to each drug you felt you needed or were dependent on. (5) Circle the number next to each drug for which you've had withdrawal symptoms; that is, you felt sick because you stopped or cut down on your use of it.

Respondents with missing data on problems are coded as not having problems. Compared with estimates based on coding missing data for nonusers or light users of marijuana, cocaine, alcohol, or cigarettes as not having problems, the numbers reported here may be somewhat conservative estimates of the prevalence of problems for those who used at least once in the past year or for those who used frequently and heavily.

*Low precision; no estimate reported.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 22. Percentage of Past Year Drinkers in the DC MSA Household Population Reporting Problems with Their Drinking, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Note: Only respondents reporting having at least one drink in the past 12 months are included in this figure. (See Figure 14 for percentages reporting past year alcohol consumption in the total DC MSA and U.S. household populations.)

Problems associated with drinking during the past year include the following: "aggressive or cross while drinking," "heated argument while drinking," "stayed away from work or school," "high or tight on job or at school," "lost or nearly lost job," "partner told me I should cut down," "relative told me I should cut down," "friend told me I should cut down," "tossed down drinks fast to get effect," "afraid I might be or become alcoholic," "stayed drunk for more than 1 day," "difficult for me to stop drinking," "unable to remember what happened," "quick drink when no one was looking," "drink first thing in morning," "hands shook after drinking day before," "got high or tight while drinking alone," and "kept on drinking after promising myself not to."

Respondents with missing data on problems were coded as not having problems. Compared with estimates based on coding missing data for nonusers or light users of alcohol as not having problems, the numbers reported here may be slightly conservative estimates of the prevalence of any problems or multiple problems.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

11.0 DRUG USE PATTERNS

This chapter examines several issues related to the use of illicit drugs, alcohol, and cigarettes. The first section discusses the patterns of use of illicit drugs and alcohol in the past year. The second section presents information on the perceived opportunity to use marijuana and cocaine and the actual levels of use. The third section considers the average age at first use of illicit drugs, alcohol, and cigarettes. The fourth section examines the prevalence of needle use in the lifetime.

11.1 **Multiple Drug Use** (Figure 23)

Alcohol used in combination with illicit drugs often compounds the effects of either and may result in medical emergencies or death. Patterns of use of illicit drugs and alcohol are defined in terms of use of illicit drugs and/or alcohol within the past year. Although the patterns of multiple drug use examined here do not necessarily reflect simultaneous use (i.e., use at the same point in time), they do indicate the likelihood of exposure to the enhanced risk posed by simultaneous use of illicit drugs and alcohol or one or more illicit drugs. Figure 23 presents the percentages of the total DC MSA household population who in the past year used either alcohol or illicit drugs, both alcohol and illicit drugs, or neither alcohol nor illicit drugs (left pie chart). Approximately 63% of the DC MSA household population reported using alcohol only in the past year, 1% reported using illicit drugs only, and 11% reported using both alcohol and illicit drugs. Among those who had used both alcohol and illicit drugs (right pie chart), approximately 38% reported using the combination of alcohol and marijuana only, 8% reported using the combination of alcohol and psychotherapeutics only, and 54% reported using alcohol and other drugs or combinations of drugs.

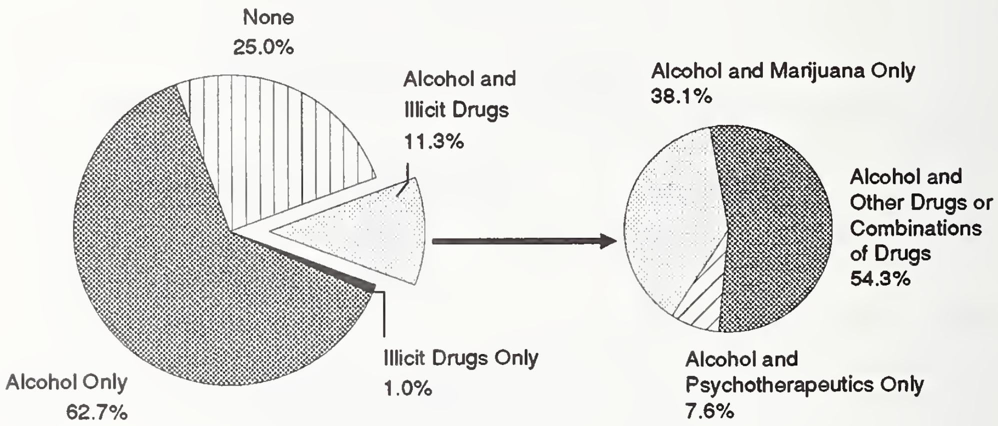
11.2 Opportunity to Use Drugs and Prevalence of Use

A major enabler of drug use is simply the availability of drugs or the opportunity to use drugs. This section contrasts the percentage of each age group in the DC MSA household population who reported they had the opportunity to use marijuana and cocaine in the lifetime with the prevalence of use of those drugs in the lifetime.

11.2.1 **Marijuana** (Figure 24)

- Approximately 51% of the DC MSA household population reported they had ever had the opportunity to use marijuana, while 34% reported that they had actually used marijuana. These percentages are similar to those for the total United States.

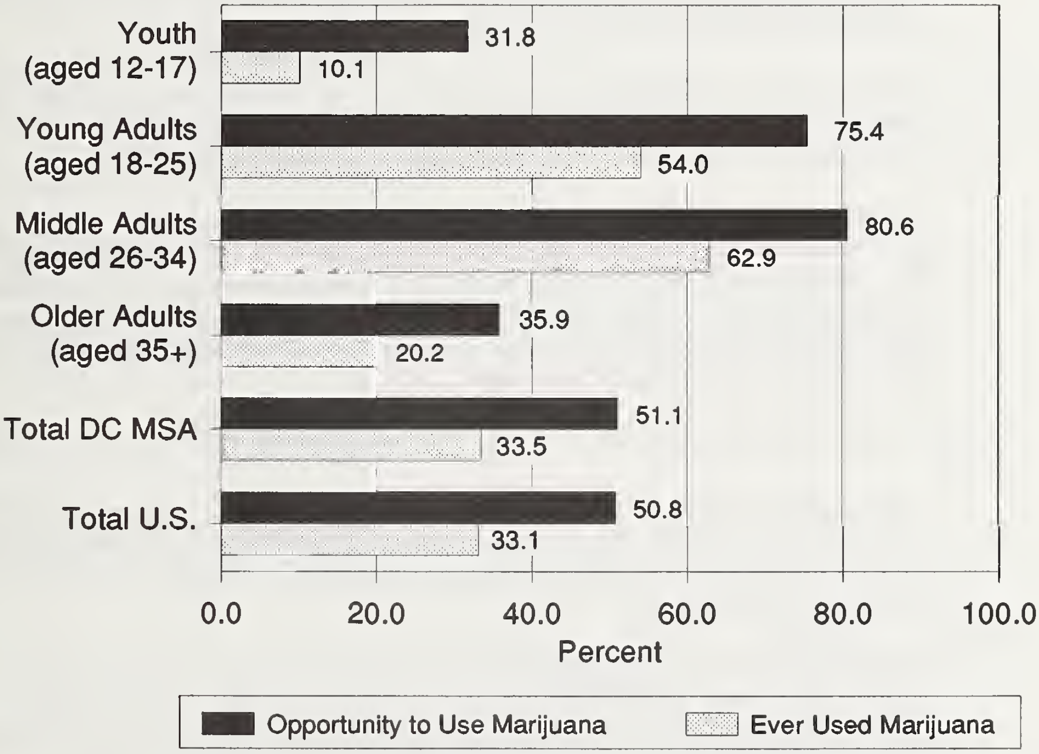
Figure 23. Percentage Reporting Different Patterns of Use of Illicit Drugs and Alcohol in the Past Year in the DC MSA Household Population: 1990



Note: Illicit drug use is the nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once. Psychotherapeutic drug use is the nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic and does not include use of over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Figure 24. Percentage Reporting Opportunity to Use and Lifetime Use of Marijuana in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

- The perceived opportunity to use marijuana was greatest among those aged 26 to 34 (81%) and those aged 18 to 25 (75%), while about one-third or fewer of those aged 12 to 17 and 35 and older reported they had had the opportunity to use marijuana. The reported opportunity to use marijuana among those aged 18 to 25 and 26 to 34 was significantly greater than among those aged 12 to 17 and 35 and older.

- The prevalence of lifetime marijuana use was higher among those age groups who were more likely to report they had ever had the opportunity to use marijuana--those aged 18 to 25 and 26 to 34.

- For the total DC MSA, the prevalence of marijuana use was roughly two-thirds of the reported opportunity to use marijuana, suggesting that about two-thirds of those who had the opportunity to use marijuana actually did so. This proportion was about three-fourths for those aged 18 to 25 and 26 to 34, about one-half for those aged 35 and older, and about one-third for those aged 12 to 17.

11.2.2 **Cocaine** (Figure 25)

- Approximately 26% of the DC MSA household population reported they had ever had the opportunity to use cocaine and 13% had used cocaine. These figures are only slightly higher than those for the total U.S. household population.

- The perceived opportunity to use cocaine was highest among young adults (49%) and middle adults (48%). Approximately 16% of youth and 13% of adults reported they had had the opportunity to use cocaine. The reported opportunity to use cocaine among young adults and middle adults was significantly greater than among youth and older adults.

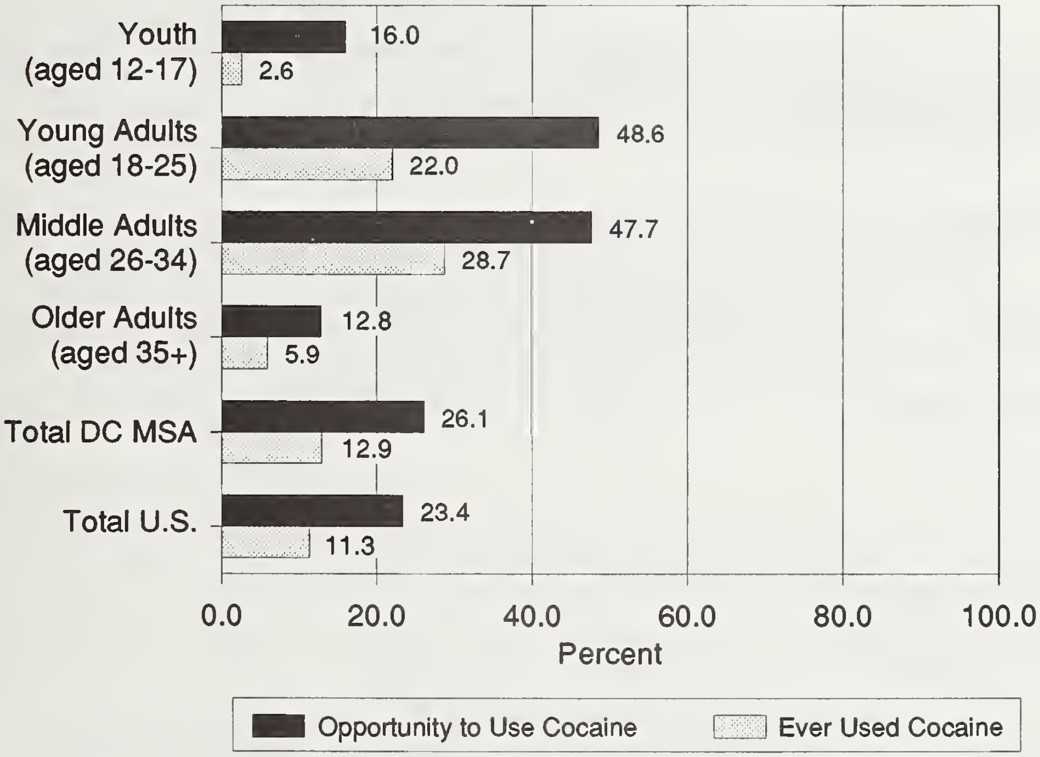
- The prevalence of lifetime cocaine use was greater among those age groups who were more likely to report that they had had the opportunity to use cocaine--those aged 18 to 25 and 26 to 34.

- For the total DC MSA, the lifetime prevalence of cocaine use was about one-half the percentage of persons who reported they had had the opportunity to use cocaine, indicating that about one-half of those who have the opportunity to use cocaine do so.

11.3 First Use of Illicit Drugs, Alcohol, and Cigarettes (Table 20)

The average age at first use of illicit drugs, alcohol, and cigarettes was calculated for those who reported having ever used specific drugs. Data are not presented separately for age groups because the age groups have varying periods of exposure to use, and comparisons across age groups may be misleading. Because all ages are included, the average age at first use reported in Table 20 does not necessarily reflect the current average age at first use among first time users.

Figure 25. Percentage Reporting Opportunity to Use and Lifetime Use of Cocaine in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990



Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table 20. Average Age at First Use of Illicit Drugs, Alcohol, and Cigarettes in the DC MSA Household Population and U.S. Household Population: 1990

Drug	Area Total DC MSA	 (Unweighted N)	 Total U.S.	 (Unweighted N)
Marijuana/Hashish	18.0	(690)	18.7	(3,233)
Inhalants	16.8	(160)	16.6	(599)
Cocaine	21.0	(280)	21.7	(1,236)
Hallucinogens	18.4	(205)	18.9	(768)
Heroin	20.0	(25)	21.7	(91)
Nonmedical Use of Any Psychotherapeutic Drugs[1]	19.0	(240)	20.6	(1,028)
Stimulants	18.7	(134)	19.2	(590)
Sedatives	19.3	(81)	18.8	(336)
Tranquilizers	20.4	(93)	20.6	(401)
Analgesics	20.7	(134)	22.3	(542)
Alcohol	17.2	(1,505)	17.2	(7,095)
Cigarettes	14.9	(1,253)	14.9	(5,969)

Note: Entries are the average (mean) ages of first use of the drugs among those who have used the drug.

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA

- On average, cigarettes were used before alcohol and most illicit drugs. The average age at first use of cigarettes was 14.9 years, while the average age of alcohol use was 17.2 years. Of the illicit drugs, inhalants were used first, at age 16.8. The average age of first use of other illicit drugs ranged from 18.0 to 21.0 years and occurred later than the average age of first alcohol use.

- The average age at first use of marijuana, the most commonly used illicit drug, was 18.0 years, while psychotherapeutic drug use began on average at age 19.0. Cocaine users on average began use at age 21.0 and heroin users at age 20.0.

- The average age at first use of illicit drugs, alcohol, and cigarettes among the DC MSA household population was similar to that for the U.S. household population. However, the average age of first use of heroin and nonmedical use of any psychotherapeutic drugs (particularly stimulants and analgesics) was slightly younger in the DC MSA than in the United States as a whole.

11.4 Needle Use (Table 21)

Respondents to the 1990 NHSDA were asked whether they had ever injected drugs with a needle. This question is important because of the link between needle sharing and the transmission of the human immunodeficiency virus (HIV).

- More than 2% of the DC MSA household population reported they had ever used a drug with a needle, compared with less than 2% for the total U.S. household population.

- Lifetime needle use was greatest among those aged 26 to 34 (approximately 6%), followed by those aged 18 to 25 (nearly 3%), those aged 35 and older (less than 2%), and those aged 12 to 17 (less than 1%). The rate of needle use among those aged 26 to 34 was significantly greater than among those aged 12 to 17 or 35 and older.

- The prevalence of lifetime needle use was slightly higher among males, whites, the Maryland household population, and those not living in low SES areas within the DC MSA's urbanized area. None of these differences was statistically significant.

Table 21. Percentage of the DC MSA Household Population and the Total U.S. Household Population Reporting Drug Use with Needles in the Lifetime, by Age Group and Demographic Characteristics: 1990

	Area	
Demographic Characteristic	Total DC MSA	Total U.S.
Total	2.5	1.6
Sex		
Male	3.1	2.3
Female	2.0	0.9
Age		
12-17	0.7	1.5
18-25	2.7	2.3
26-34	5.5	3.1
≥35	1.6	0.9
Race/Ethnicity[1]		
White	3.1	1.5
Black	1.9	1.8
Hispanic	*	1.6
Location[2]		
DC	2.0	N/A
Maryland	2.8	N/A
Virginia	2.4	N/A
Type of Area[3]		
Low SES	1.9	N/A
Other SES	2.7	N/A

Note: Needle use is derived from specific questions about use of cocaine, heroin, or amphetamines with a needle and from general questions about needle use with other drugs.

*Low precision; no estimate reported.

N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

12.0 SPECIAL TOPICS

This chapter examines the perceived harmfulness of illicit drugs, alcohol, and cigarettes as well as the prevalence of drug use in special populations such as women of childbearing age, educational groups, and the working population.

12.1 Perceived Harmfulness of Drugs (Figure 26)

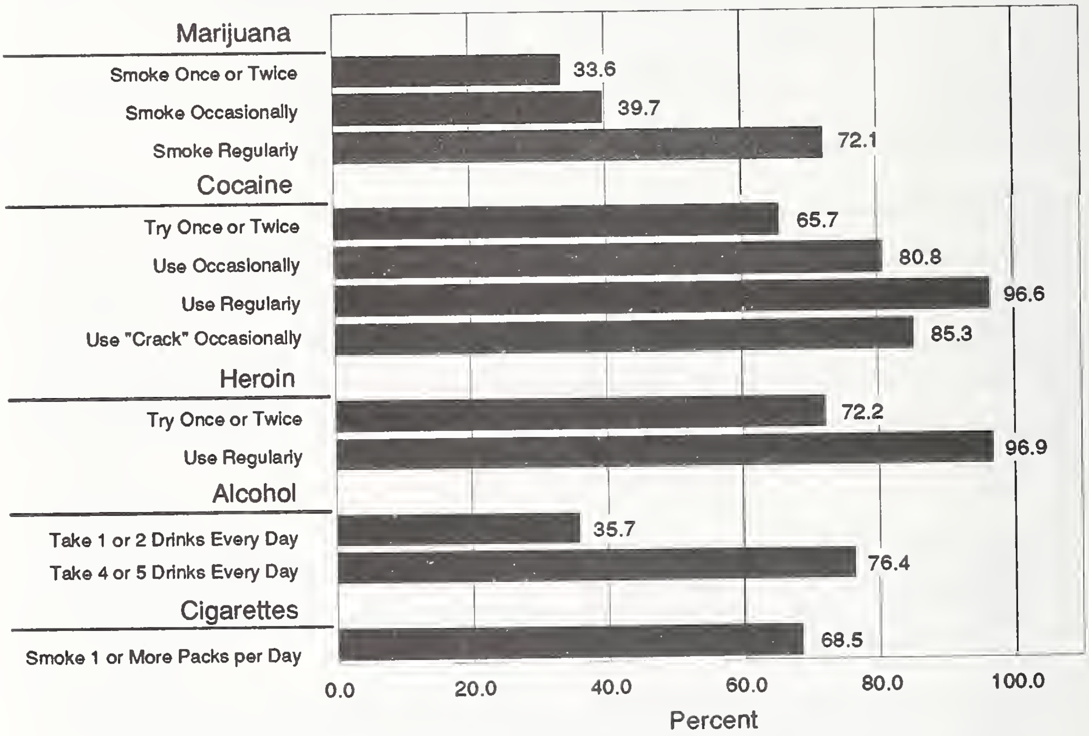
Respondents were asked about the extent to which they thought people risked harming themselves physically and in other ways when they engaged in each of a number of types and levels of drug use. If potential drug users perceive use to be very risky, they may not begin to use. Items concerning use of illicit drugs, alcohol, and cigarettes were included, and for most of the drugs, respondents were asked about the risk from using the drug occasionally or regularly. Summaries of the findings are as follows:

- Smoking marijuana once or twice or having one or two drinks of alcohol every day was perceived to be the least risky of all the drug use behaviors. About one-third of all respondents saw these behaviors as posing great risk to users.
- Regular cocaine use and regular heroin use were seen to be the most risky of all the drug use behaviors. Roughly 97% of all respondents saw regular cocaine use or regular heroin use as posing a great risk to users.
- For specific drugs, regular use was seen to be riskier than occasional use.
- The perception of harmfulness included use of alcohol and cigarettes as well as illicit drugs. The majority of the DC MSA household population saw regular marijuana use, any use of cocaine, any use of heroin, taking four or five drinks every day, or smoking one or more packs of cigarettes per day to be very risky.

12.2 Drug Use in Special Populations

A major focus of the DC*MADS effort is the examination of the prevalence of drug use in special populations such as pregnant women, school dropouts, and workers. Unfortunately, small sample sizes precluded special analyses of school dropouts. Accordingly, this section examines the prevalence of drug use among women of childbearing age, among educational groups, and among employment groups. More in-depth analyses of these populations are available in the final reports of other DC*MADS studies.

Figure 26. Percentage in the DC MSA Household Population Who Think Great Risk Is Associated with Use of Various Drugs: 1990



Note: Question asked was: "How much do you think people risk harming themselves physically and in other ways, when they do each of the following activities?" Response choices were for each of 17 activities: (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

12.2.1 Women of Childbearing Age (Figure 27)

Use of illicit drugs, alcohol, and cigarettes among women of childbearing age poses risk to the unborn child and can result in substantial health and developmental risks during childhood. In this section, we examine use of illicit drugs, alcohol, and cigarettes in the past year among women aged 15 to 44.

- Overall, approximately 17% of women aged 15 to 44 had used one or more illicit drugs in the past year, 74% had used alcohol, and 35% had smoked cigarettes. Approximately 12% had used marijuana, 5% had used psychotherapeutic drugs for nonmedical reasons, and 5% had used cocaine.

- Substantial proportions of most age groups of women aged 15 to 44 had used illicit drugs, alcohol, or cigarettes in the past year. The exception is women aged 36 to 44; use of illicit drugs and cigarettes could not be estimated reliably, but 77% were past year drinkers.

- Women aged 20 to 25 were most likely to have used any illicit drugs in the past year (26%), followed by women aged 15 to 19 (21%). The rates of use of any illicit drugs in the past year did not differ significantly among the age groups.

- Similar patterns among the age groups were found for past year use of marijuana. Women aged 20 to 25 and 15 to 19 were most likely to report using marijuana in the past year (both 19%). The rate of marijuana use among those aged 20 to 25 was significantly greater than among those aged 31 to 35.

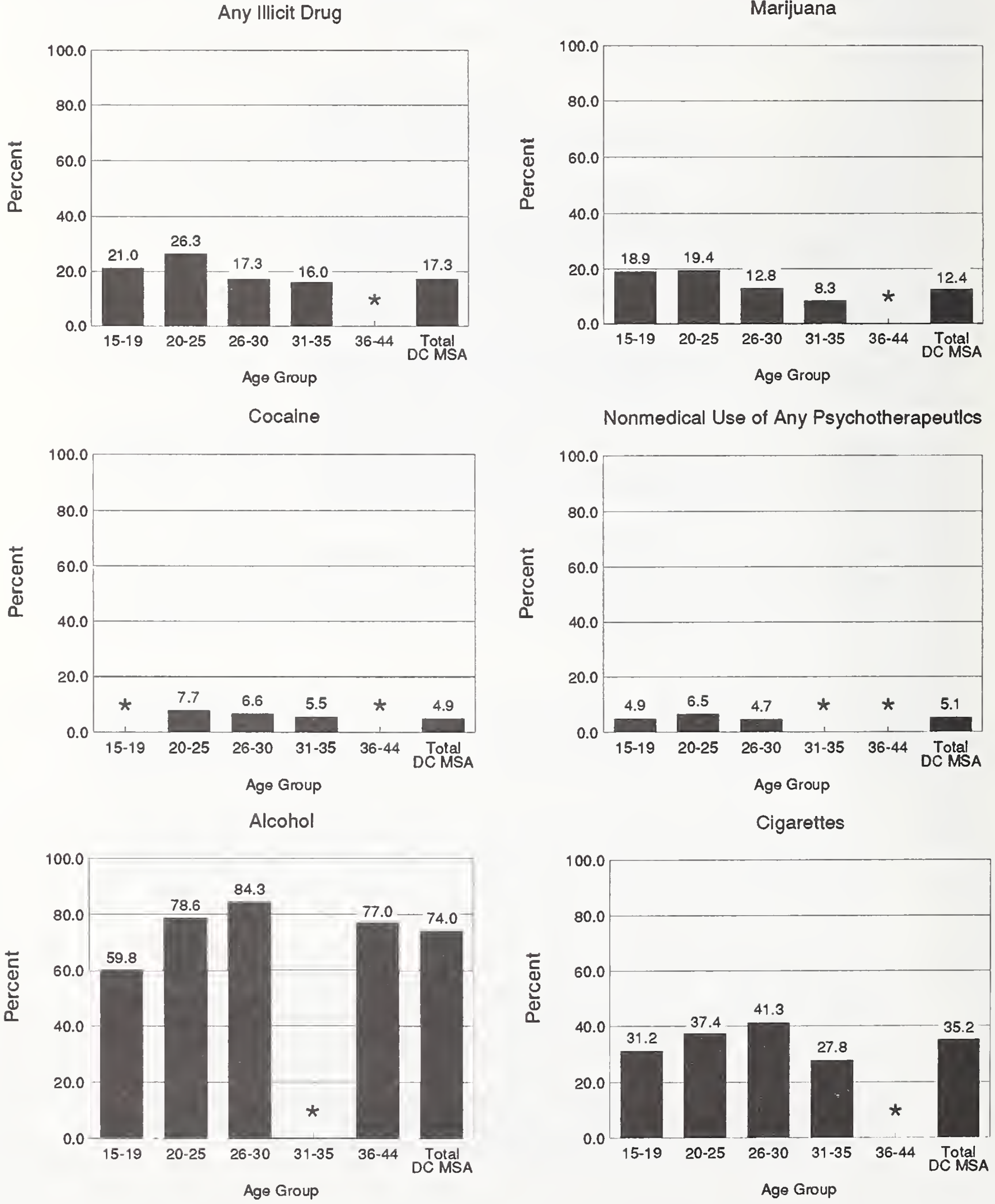
- Past year cocaine use was most common among women aged 20 to 25 (8%), followed by those aged 26 to 30 (7%), and those aged 31 to 35 (6%). Cocaine use among those aged 15 to 19 and 36 to 44 could not be estimated reliably. These rates did not differ significantly.

- Approximately 5% to 6% of the three younger age groups had used psychotherapeutic drugs for nonmedical reasons in the past year, and the rates of use among the two older age groups could not be estimated reliably. These rates did not differ significantly.

- In contrast, alcohol use was most common among those aged 26 to 30 (84%), followed by those aged 20 to 25 (79%), and those aged 36 to 44 (77%). The rates of use among those aged 20 to 25, 26 to 30, and 36 to 44 were significantly greater than among those aged 15 to 19.

- Cigarette smoking was most common among women aged 26 to 30 (41%), followed by those aged 20 to 25 (37%) and those aged 15 to 19 (31%). These rates were not significantly different.

Figure 27. Percentage of Women of Childbearing Age (15 to 44 Years) in the DC MSA Household Population Reporting Drug Use in the Past Year, by Age Group: 1990



*Low precision; no estimate reported.
Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

12.2.2 **Educational Status** (Figure 28)

This section examines drug use as a function of educational status. Some caution is in order when interpreting these data; it is possible to reach misleading conclusions because educational status may be related to other characteristics such as age. Age of respondents, for example, may help explain some of the effects observed for education because older age groups may have less formal education and younger age groups have not yet completed their education.

- High school graduates were the most likely to have used any illicit drugs in the past year (approximately 14%), followed by those with some college education (nearly 14%), those with less than a high school education (11%), and college graduates (10%). The rates of past year use of any illicit drugs did not differ significantly among any of the educational groups.

- Approximately 11% of those with some college, 10% of high school graduates, 9% of those with less than a high school education, and 8% of college graduates reported using marijuana in the past year. These rates were not significantly different.

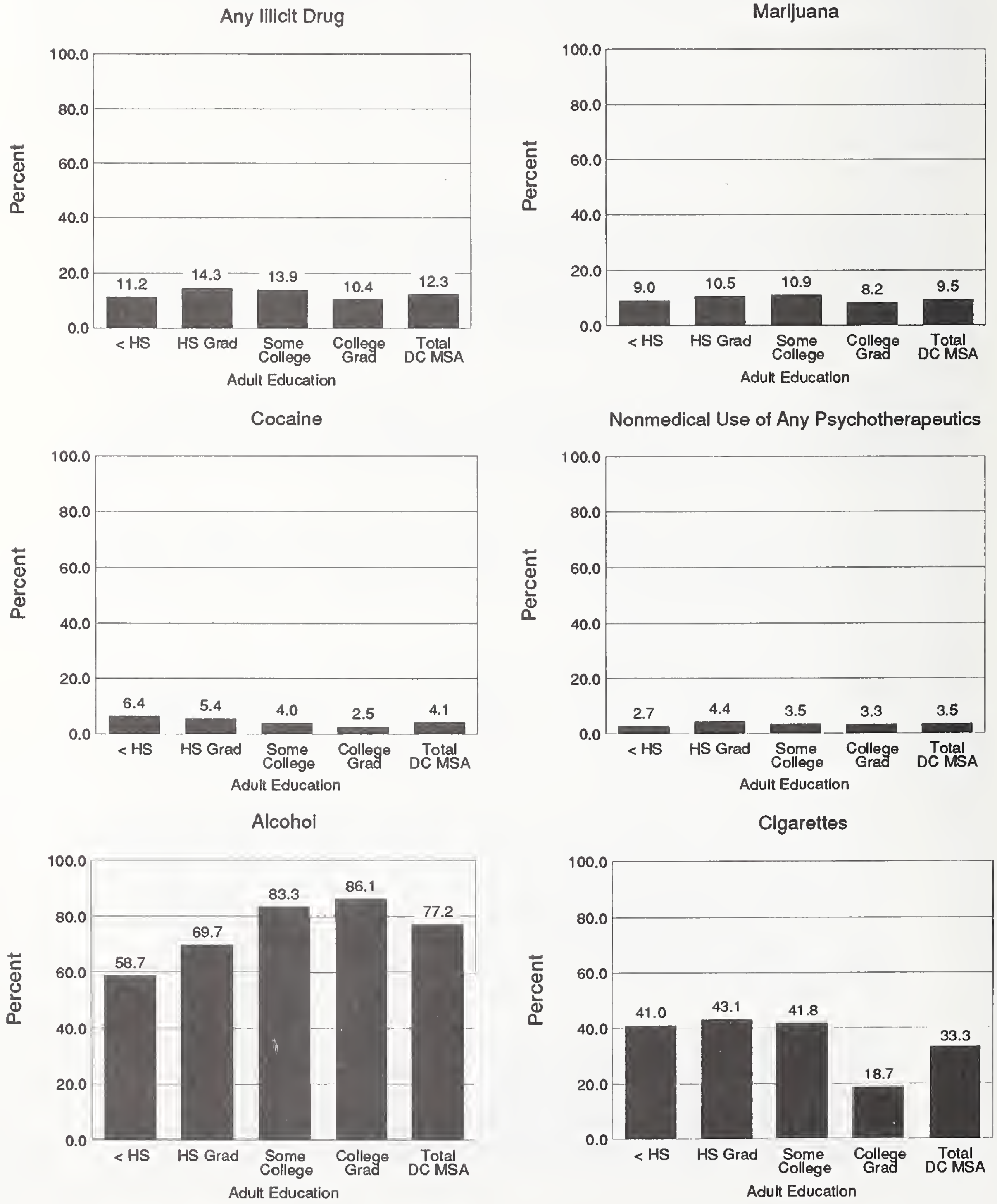
- Past year cocaine use was highest among those with less than a high school education (6%), followed by high school graduates (5%), those with some college (4%), and college graduates (2%). These rates were not significantly different.

- High school graduates were the most likely to have used any psychotherapeutic drugs for nonmedical reasons in the past year (4%), followed by approximately 3% of all other educational groups. The rates of past year use of any psychotherapeutic drugs did not differ significantly among any of the educational groups.

- Past year alcohol consumption was highest among college graduates (86%), followed by those with some college (83%), high school graduates (70%), and those with less than a high school education (59%). Those with less than a high school education were significantly less likely than all other educational groups to have consumed alcohol in the past year, and high school graduates were significantly less likely than those with some college and college graduates to have consumed alcohol in the past year.

- Approximately 43% of high school graduates, 42% of those with some college, 41% of those with less than a high school education, and 19% of college graduates smoked cigarettes in the past year. College graduates were significantly less likely than all other educational groups to have smoked cigarettes in the past year.

Figure 28. Percentage of Persons in the DC MSA Household Population Reporting Drug Use in the Past Year, by Educational Status: 1990



Note: Data on adult education are not applicable for persons aged 12 to 17. Total refers to those aged 18 and older (total DC MSA unweighted N = 1,491).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

12.2.3 Employment Status (Figure 29)

This section compares the use of illicit drugs, alcohol, and cigarettes among those who were full- and part-time employed, unemployed, or not in the labor force. Analyses exclude persons aged 12 to 17.

- Past year use of any illicit drugs was highest among the unemployed (25%), followed by those employed full-time and those employed part-time (both 13%), and those in the "other" category (6%). Those employed full-time and the unemployed were significantly more likely than those in the "other" category to have used any illicit drugs.

- Approximately 21% of those unemployed, 10% of those employed full-time, 9% of those employed part-time, and 5% of those in the other category used marijuana in the past year. Those employed full-time and those unemployed were significantly more likely than those in the other category to have used marijuana in the past year.

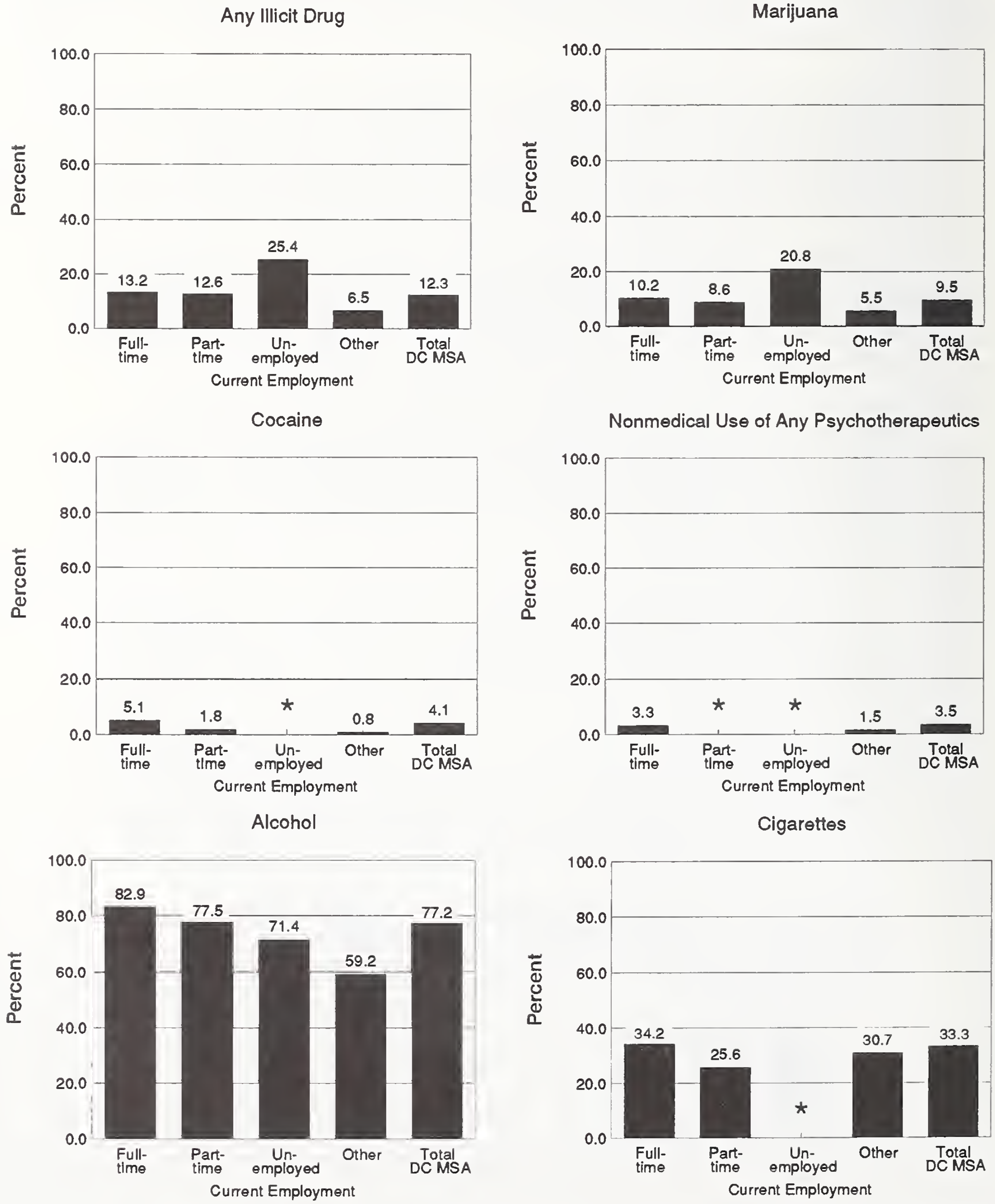
- Past year cocaine use was highest among those employed full-time (5%), followed by those employed part-time (2%), and those in the other category (1%). The rates for those unemployed could not be estimated reliably. Those employed full-time were significantly more likely than those employed part-time and those in the other category to have used cocaine in the past year.

- Approximately 3% of those employed full-time and 1% of those in the other category reported use of any psychotherapeutics for nonmedical reasons in the past year. The differences in the rates are statistically significant. The rates for those employed part-time and those unemployed could not be estimated because of low precision.

- Past year consumption of alcohol was highest among those employed full-time (83%), followed by those employed part-time (77%), those unemployed (71%), and those in the other category (59%). Those in the other category were significantly less likely than those employed full-time and part-time to have consumed alcohol in the past year.

- Approximately 34% of those employed full-time, 31% of those in the other category, and 26% of those employed part-time reported smoking cigarettes in the past year. The rates for those unemployed could not be estimated reliably.

Figure 29. Percentage of Persons in the DC MSA Household Population Reporting Drug Use in the Past Year, by Employment Status: 1990



Note: Data on current employment are not applicable for persons aged 12 to 17. The "Other" category includes those who are retired, disabled, homemakers, students, or "other." Total refers to those aged 18 and older (total DC MSA unweighted N = 1,491).

*Low precision; no estimate reported.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

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Appendix A

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Table A.1 Number of Persons Interviewed (Unweighted N) in the DC MSA Household Population, by Age Group and Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

Demographic Characteristic	Age Group (Years)				Total DC MSA	Total U.S.
	12-17	18-25	26-34	≥35		
Total U.S.	2,177	2,052	2,355	2,675	N/A	9,259
Total DC MSA	440	468	513	510	1,931	N/A
Sex						
Male	205	216	220	220	861	4,165
Female	235	252	293	290	1,070	5,094
Race/Ethnicity						
White	214	249	283	300	1,046	5,214
Black	172	167	184	174	697	1,842
Hispanic	31	34	30	22	117	1,915
Other	23	18	16	14	71	261
Location[1]						
DC	81	87	128	118	414	N/A
Maryland	215	213	220	236	884	N/A
Virginia	144	168	165	156	633	N/A
Type of Area[2]						
Low SES	212	231	263	262	968	N/A
Other SES	228	237	250	248	963	N/A
Adult Education[3]						
Less than high school	N/A	87	62	99	248	1,817
High school graduate	N/A	167	142	155	464	2,451
Some college	N/A	131	114	97	342	1,482
College graduate	N/A	83	195	159	437	1,332
Current Employment[4]						
Full-time	N/A	285	402	297	984	3,969
Part-time	N/A	86	43	44	173	886
Unemployed	N/A	39	24	16	79	454
Other[5]	N/A	58	44	153	255	1,773

N/A: Not applicable.

[1] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[2] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

[3] Data on adult education are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N=1,491 and total U.S. unweighted N = 7,082).

[4] Data on current employment are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N=1,491 and total U.S. unweighted N = 7,082).

[5] Retired, disabled, homemaker, student, or "other."

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table A.2 Estimated Number of Persons (in Thousands) in the DC MSA Household Population, by Age Group and Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	>35	Total DC MSA	Total U.S.
Total U.S.	19,978	29,021	38,821	113,368	N/A	201,188
Total DC MSA	263	468	601	1,577	2,909	N/A
Sex						
Male	132	226	336	751	1,445	96,368
Female	131	242	265	826	1,464	104,806
Race/Ethnicity						
White	145	283	354	1,005	1,787	157,427
Black	80	132	191	416	820	22,779
Hispanic	19	32	33	63	147	15,734
Other	19	21	22	93	155	5,248
Location[1]						
DC	29	82	116	240	467	N/A
Maryland	136	193	265	742	1,336	N/A
Virginia	98	193	220	595	1,107	N/A
Type of Area[2]						
Low SES	70	142	164	400	775	N/A
Other SES	193	326	437	1,177	2,134	N/A
Adult Education[3]						
Less than high school	N/A	85	63	241	389	43,359
High school graduate	N/A	133	163	389	686	65,347
Some college	N/A	137	115	319	571	36,297
College graduate	N/A	113	260	628	1,001	36,207
Current Employment[4]						
Full-time	N/A	297	491	954	1,741	94,598
Part-time	N/A	76	54	154	284	22,694
Unemployed	N/A	31	17	53	101	8,663
Other[5]	N/A	65	39	417	521	55,254

N/A: Not applicable.

[1] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[2] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

[3] Data on adult education are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N = 1,491 and total U.S. unweighted N = 7,082).

[4] Data on current employment are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N = 1,491 and total U.S. unweighted N = 7,082).

[5] Retired, disabled, homemaker, student, or "other."

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table A.3 Estimated Percentage of the DC MSA Household Population, by Age Group and Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
Total U.S. (Row Percents)	9.9	14.4	19.3	53.6	N/A	100.0
Total DC MSA (Row Percents)	9.0	16.1	20.6	54.2	100.0	N/A
Sex						
Male	50.2	48.3	55.9	47.6	49.7	47.9
Female	49.8	51.7	44.1	52.4	50.3	52.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Race/Ethnicity						
White	55.1	60.4	59.0	63.7	61.4	78.2
Black	30.4	28.3	31.8	26.4	28.2	11.3
Hispanic	7.3	6.7	5.5	4.0	5.1	7.8
Other	7.2	4.6	3.6	5.9	5.3	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Location[1]						
DC	11.0	17.5	19.3	15.2	16.0	N/A
Maryland	51.8	41.2	44.1	47.1	45.9	N/A
Virginia	37.2	41.3	36.6	37.7	38.0	N/A
Total	100.0	100.0	100.0	100.0	100.0	N/A
Type of Area[2]						
Low SES	26.5	30.3	27.3	25.4	26.6	N/A
Other SES	73.5	69.7	72.7	74.6	73.4	N/A
Total	100.0	100.0	100.0	100.0	100.0	N/A
Adult Education[3]						
Less than high school	N/A	18.2	10.5	15.3	14.7	23.9
High school graduate	N/A	28.5	27.2	24.7	25.9	36.1
Some college	N/A	29.3	19.1	20.2	21.6	20.0
College graduate	N/A	24.0	43.3	39.8	37.8	20.0
Total	N/A	100.0	100.0	100.0	100.0	100.0
Current Employment[4]						
Full-time	N/A	63.3	81.7	60.5	65.8	52.2
Part-time	N/A	16.3	8.9	9.8	10.7	12.5
Unemployed	N/A	6.6	2.9	3.4	3.8	4.8
Other[5]	N/A	13.8	6.5	26.4	19.7	30.5
Total	N/A	100.0	100.0	100.0	100.0	100.0

N/A: Not applicable.

Note: Column percentages for each characteristic may not total 100.0 due to rounding.

[1] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[2] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

[3] Data on adult education are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N = 1,491 and total U.S. unweighted N = 7,082).

[4] Data on current employment are not applicable for persons aged 12 to 17. Total refers to persons aged 18 and older (total DC MSA unweighted N = 1,491 and total U.S. unweighted N = 7,082).

[5] Retired, disabled, homemaker, student, or "other."

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Appendix B

Tables of Standard Errors

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Table B.1 Standard Error of the Percentage and Estimated Number of Users (in Thousands) of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month in the DC MSA Household Population: 1990

	Period of Use					
	Lifetime		Past Year		Past Month	
Drug	Percent	Number of Users (Thousands)	Percent	Number of Users (Thousands)	Percent	Number of Users (Thousands)
Any Illicit Drug Use[1]	3.2	60	1.8	44	1.3	32
Marijuana/hashish	2.9	58	1.5	42	0.9	25
Cocaine	1.4	30	0.7	19	0.4	12
Crack	0.6	14	0.2	6	0.2	7
Inhalants	1.1	24	0.3	9	0.3	7
Hallucinogens	1.2	28	0.4	12	0.2	5
PCP	0.6	14	0.2	5	0.1	2
Heroin	0.4	11	0.2	7	**	**
Nonmedical Use of Any Psychotherapeutics[2]	1.8	43	0.8	20	0.5	12
Stimulants	1.2	31	0.3	8	0.1	3
Sedatives	0.9	21	0.3	7	0.1	4
Tranquilizers	1.1	26	0.3	8	0.2	5
Analgesics	1.1	27	0.6	15	0.4	10
Alcohol	1.5	162	1.9	166	2.4	160
Cigarettes	1.5	128	2.2	88	2.1	88
Smokeless Tobacco	1.0	30	0.4	12	0.5	16

**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.2 Standard Error of the Percentage Reporting Use of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, Other Large SMSAs, and the Total U.S. Household Population: 1990

	Period of Use								
	Lifetime			Past Year			Past Month		
Drug	Total DC MSA	Other Large SMSAs[1]	Total U.S.	Total DC MSA	Other Large SMSAs[1]	Total U.S.	Total DC MSA	Other Large SMSAs[1]	Total U.S.
Any Illicit Drug Use[2]	3.2	1.2	0.9	1.8	0.7	0.7	1.3	0.5	0.4
Marijuana/hashish	2.9	1.1	0.9	1.5	0.6	0.5	0.9	0.4	0.3
Cocaine	1.4	0.7	0.5	0.7	0.4	0.2	0.4	0.2	0.1
Crack	0.6	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.1
Inhalants	1.1	0.5	0.3	0.3	0.2	0.1	0.3	0.1	0.1
Hallucinogens	1.2	0.6	0.5	0.4	0.3	0.1	0.2	0.1	0.1
PCP	0.6	0.4	0.3	0.2	0.1	0.0	0.1	**	**
Heroin	0.4	0.2	0.1	0.2	0.1	0.1	**	**	**
Nonmedical Use of Any Psychotherapeutics[3]	1.8	1.0	0.6	0.8	0.6	0.4	0.5	0.3	0.2
Stimulants	1.2	0.5	0.4	0.3	0.2	0.2	0.1	0.1	0.1
Sedatives	0.9	0.4	0.3	0.3	0.3	0.2	0.1	0.1	0.1
Tranquilizers	1.1	0.4	0.3	0.3	0.2	0.1	0.2	0.1	0.1
Analgesics	1.1	0.7	0.4	0.6	0.5	0.3	0.4	0.2	0.1
Alcohol	1.5	0.9	0.9	1.9	1.3	1.2	2.4	1.4	1.2
Cigarettes	1.5	1.0	0.8	2.2	1.4	0.9	2.1	1.4	0.8
Smokeless Tobacco	1.0	0.7	0.7	0.4	0.4	0.4	0.5	0.3	0.3

**Estimate rounds to zero.

[1] Other large SMSAs are Standard Metropolitan Statistical Areas with a 1980 population of 1 million or more as defined by the U.S. Bureau of the Census, excluding the DC MSA.

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.3 Standard Error of the Percentage of the DC MSA Household Population Reporting Drug Use in the Lifetime, Past Year, and Past Month, by Location Within the Metropolitan Area: 1990

	Period of Use/Location								
	Lifetime			Past Year			Past Month		
Drug	**DC**	**MD**	**VA**	**DC**	**MD**	**VA**	**DC**	**MD**	**VA**
Any Illicit Drug Use[1]	3.1	3.4	4.5	2.0	1.7	2.7	1.4	1.3	1.9
Marijuana/hashish	3.4	3.4	3.8	2.2	1.5	2.3	1.4	1.2	1.2
Cocaine	1.6	1.2	2.2	0.9	0.9	1.2	0.6	0.3	0.7
Crack	0.9	0.7	0.8	0.6	0.3	0.4	*	0.2	0.4
Inhalants	1.7	1.2	1.7	0.7	0.4	0.6	0.5	0.2	0.5
Hallucinogens	2.3	1.4	1.5	1.0	0.5	0.5	0.3	0.3	0.2
PCP	0.9	0.9	0.8	0.3	0.3	0.2	*	0.1	**
Heroin	0.8	0.5	0.5	*	0.4	**	*	**	**
Nonmedical Use of Any Psychotherapeutics[2]	1.8	2.1	2.2	1.4	0.7	1.4	0.8	0.4	1.1
Stimulants	1.7	1.7	1.2	0.4	0.3	0.4	0.3	**	0.2
Sedatives	0.9	0.9	1.2	0.7	0.3	0.5	0.5	0.1	0.3
Tranquilizers	1.4	1.2	1.6	1.0	0.3	0.6	0.3	0.1	*
Analgesics	1.1	1.1	1.8	0.8	0.6	1.1	0.7	0.3	0.9
Alcohol	3.1	1.4	2.1	3.9	1.5	2.9	4.7	2.4	4.1
Cigarettes	4.5	2.3	3.9	3.1	3.2	3.8	3.0	3.3	3.2
Smokeless Tobacco	2.0	1.1	2.5	0.6	0.6	1.4	0.6	0.4	1.4

Note: The DC MSA includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.4 Standard Error of the Percentage of the DC MSA Household Population Reporting Drug Use in the Lifetime, Past Year, and Past Month, by Socioeconomic Status of Area: 1990

Drug	Period of Use/SES of Area[1]					
	Lifetime		Past Year		Past Month	
	Low SES Area	Other SES Area	Low SES Area	Other SES Area	Low SES Area	Other SES Area
Any Illicit Drug Use[2]	2.1	4.4	1.1	2.4	0.9	1.6
Marijuana/hashish	2.5	4.0	1.6	2.0	0.9	1.2
Cocaine	1.4	1.8	0.7	1.0	0.4	0.5
Crack	0.6	0.7	0.4	0.3	0.5	0.2
Inhalants	0.8	1.5	0.4	0.4	0.3	0.3
Hallucinogens	1.2	1.6	0.7	0.5	0.3	0.2
PCP	0.8	0.7	0.3	0.2	0.1	*
Heroin	0.5	0.5	0.5	0.3	0.1	**
Nonmedical Use of Any Psychotherapeutics[3]	1.0	2.4	1.0	1.0	0.8	0.6
Stimulants	0.7	1.6	0.3	0.4	*	0.1
Sedatives	0.8	1.1	0.4	0.3	0.3	0.2
Tranquilizers	0.7	1.5	0.5	0.4	0.1	0.2
Analgesics	0.9	1.4	0.7	0.8	0.7	0.5
Alcohol	1.4	2.0	2.1	2.3	2.2	3.0
Cigarettes	1.5	2.1	1.6	2.9	1.5	2.9
Smokeless Tobacco	1.2	1.3	0.6	0.5	0.5	0.7

*Low precision; no estimate reported.

**Estimate rounds to zero.

[1] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.5 Standard Error of Estimated Number of Users (in Thousands) of Illicit Drugs in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

	Period of Use		
Age Group	**Lifetime**	**Past Year**	**Past Month**
12- to 17-year-olds	9	8	5
18- to 25-year-olds	26	21	15
26- to 34-year-olds	30	13	9
35 years and older	48	19	11
Total DC MSA	60	44	32
Total U.S.	2,388	1,354	854

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.6 Standard Error of Estimated Percentage Reporting Use of Illicit Drugs, Alcohol, and Tobacco in the Lifetime, Past Year, and Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

Drug	Period of Use		
	Lifetime	Past Year	Past Month
Youth Aged 12-17			
Any Illicit Drug Use[1]	3.0	3.1	2.0
Marijuana/hashish	2.5	2.5	1.7
Cocaine	0.9	0.9	0.4
Crack	0.7	0.7	0.3
Inhalants	1.3	0.9	0.9
Hallucinogens	1.1	1.2	0.4
Nonmedical Use of Any Psychotherapeutics[2]	1.7	1.5	0.5
Alcohol	3.3	3.5	2.5
Cigarettes	4.6	3.1	2.5
Young Adults Aged 18-25			
Any Illicit Drug Use[1]	2.3	3.1	2.7
Marijuana/hashish	2.5	3.4	2.4
Cocaine	2.5	1.8	1.2
Crack	1.4	0.9	0.4
Inhalants	1.9	1.1	0.9
Hallucinogens	2.3	1.5	0.9
Nonmedical Use of Any Psychotherapeutics[2]	2.5	1.1	0.7
Alcohol	1.5	2.0	2.9
Cigarettes	2.6	2.9	2.3

(continued)

Table B.6 (continued)

Drug	Period of Use		
	Lifetime	Past Year	Past Month
Middle Adults Aged 26-34			
Any Illicit Drug Use[1]	3.7	2.1	1.5
Marijuana/hashish	3.3	2.2	1.3
Cocaine	2.0	1.5	1.3
Crack	1.4	1.0	1.1
Inhalants	2.1	0.5	0.5
Hallucinogens	2.1	0.4	*
Nonmedical Use of Any Psychotherapeutics[2]	2.6	1.1	0.6
Alcohol	1.9	2.6	2.8
Cigarettes	1.8	2.8	2.8
Older Adults Aged 35 and Older			
Any Illicit Drug Use[1]	4.2	1.5	0.9
Marijuana/hashish	3.8	0.8	0.6
Cocaine	1.4	0.4	0.2
Crack	0.6	**	**
Inhalants	1.1	0.2	**
Hallucinogens	1.1	0.2	**
Nonmedical Use of Any Psychotherapeutics[2]	2.2	1.1	0.8
Alcohol	2.2	2.8	3.3
Cigarettes	1.9	2.6	2.9

(continued)

Table B.6 (continued)

Drug	Period of Use		
	Lifetime	Past Year	Past Month
Total DC MSA			
Any Illicit Drug Use[1]	3.2	1.8	1.3
Marijuana/hashish	2.9	1.5	0.9
Cocaine	1.4	0.7	0.4
Crack	0.6	0.2	0.2
Inhalants	1.1	0.3	0.3
Hallucinogens	1.2	0.4	0.2
Nonmedical Use of Any Psychotherapeutics[2]	1.8	0.8	0.5
Alcohol	1.5	1.9	2.4
Cigarettes	1.5	2.2	2.1
Total U.S.			
Any Illicit Drug Use[1]	0.9	0.7	0.4
Marijuana/hashish	0.9	0.5	0.3
Cocaine	0.5	0.2	0.1
Crack	0.1	0.1	0.1
Inhalants	0.3	0.1	0.1
Hallucinogens	0.5	0.1	0.1
Nonmedical Use of Any Psychotherapeutics[2]	0.6	0.4	0.2
Alcohol	0.9	1.2	1.2
Cigarettes	0.8	0.9	0.8

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.7 Standard Error of the Prevalence of Use of Illicit Drugs, Alcohol, and Tobacco in the Past Month in the DC MSA Household Population, by Demographic Characteristics: 1990

Demographic Characteristic	Drug					
	Any Illicit Drug[1]	Marijuana	Cocaine	Any Psychotherapeutic Drugs[2]	Alcohol	Cigarettes
Age						
12-17	2.0	1.7	0.4	0.5	2.5	2.5
18-25	2.7	2.4	1.2	0.7	2.9	2.3
≥26	1.0	0.7	0.4	0.6	2.7	2.3
Sex						
Male	1.3	1.0	0.7	0.5	2.9	3.0
Female	1.5	0.9	0.2	0.7	3.4	1.9
Race/Ethnicity[3]						
White	1.8	1.3	0.3	0.7	2.6	2.9
Black	1.3	1.0	1.0	0.7	3.4	4.5
Hispanic	*	*	**	*	*	3.3
Location[4]						
DC	1.4	1.4	0.6	0.8	4.7	3.0
Maryland	1.3	1.2	0.3	0.4	2.4	3.3
Virginia	1.9	1.2	0.7	1.1	4.1	3.2
Type of Area[5]						
Low SES	0.9	0.9	0.4	0.8	2.2	1.5
Other SES	1.6	1.2	0.5	0.6	3.0	2.9

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] The category "Other" for Race/Ethnicity is not included.

[4] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[5] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.8 Standard Error of the Estimated Number of Users (in Thousands) in the DC MSA Household Population of Illicit Drugs, Alcohol, and Tobacco in the Past Month, by Demographic Characteristics: 1990

Demographic Characteristic	Drug					
	Any Illicit Drug[1]	Marijuana	Cocaine	Any Psychotherapeutic Drugs[2]	Alcohol	Cigarettes
Age						
12-17	5	4	1	1	10	7
18-25	15	13	6	3	30	20
≥26	18	15	8	11	163	81
Sex						
Male	18	15	10	7	70	52
Female	18	13	3	9	109	51
Race/Ethnicity[3]						
White	28	22	6	11	131	80
Black	11	8	8	6	43	41
Hispanic	*	*	**	*	*	5
Location[4]						
DC	9	10	3	4	42	26
Maryland	18	17	4	5	101	66
Virginia	16	11	8	10	155	72
Type of Area[5]						
Low SES	7	8	3	6	28	19
Other SES	32	23	12	11	157	86

*Low precision; no estimate reported.

**Estimate rounds to zero.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] The category "Other" for Race/Ethnicity is not included.

[4] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[5] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.9 Standard Error of the Percentage of the DC MSA Household Population Reporting Use of Marijuana in the Lifetime, Past Year, and Past Month, by Age: 1990

	Period of Use		
Age	Lifetime	Past Year	Past Month
Total	2.9	1.5	0.9
12- to 17-year-olds	2.5	2.5	1.7
12-13	*	*	**
14-15	2.2	1.8	1.7
16-17	*	4.9	*
18- to 25-year-olds	2.5	3.4	2.4
18-21	4.1	4.8	2.8
22-25	4.0	4.1	2.9
26- to 34-year-olds	3.3	2.2	1.3
26-29	4.4	3.0	2.6
30-34	3.6	2.6	1.9
35 years and older	3.8	0.8	0.6
35-39	*	4.1	2.8
40-44	*	*	*
45-49	*	*	*
≥50	1.6	0.5	**

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.10 Standard Error of the Percentage of the DC MSA Household Population Reporting Use of Marijuana in the Lifetime, Past Year, and Past Month, by Age Group, Race/Ethnicity, and Sex and for Total DC MSA and U.S. Household Populations: 1990

Race/Ethnicity[1] and Sex	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
A. Used Marijuana in the Lifetime						
White male	4.2	4.4	4.4	*	5.1	1.4
Black male	*	*	*	5.7	5.3	3.3
White female	2.5	4.2	3.5	4.1	3.1	1.3
Black female	*	4.7	5.9	*	4.1	3.0
B. Used Marijuana in the Past Year						
White male	*	6.0	3.6	1.9	2.7	1.0
Black male	*	*	*	2.9	2.2	1.6
White female	2.4	5.5	2.9	1.4	1.8	0.6
Black female	*	3.9	4.4	*	1.8	1.8
C. Used Marijuana in the Past Month						
White male	*	4.1	2.3	1.3	1.4	0.7
Black male	*	*	*	*	2.0	1.4
White female	*	5.2	1.9	1.1	1.5	0.4
Black female	**	2.3	2.9	*	0.9	1.0

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] The categories "Hispanic" and "Other" for Race/Ethnicity are not included.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.11 Standard Error of the Percentage Distribution of the DC MSA Household Population Reporting Frequency of Lifetime Marijuana Use, by Age Group for Total Sample and for Marijuana Users and for Total DC MSA and U.S. Household Populations: 1990

Times Used Marijuana in the Lifetime	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
A. Total Sample						
1-2 times	0.9	1.9	1.8	1.9	1.2	0.4
3-10 times	1.3	1.9	2.0	1.6	1.0	0.5
11-99 times	1.3	2.1	2.3	0.9	0.6	0.4
100 times or more	0.8	2.2	2.5	0.9	1.0	0.4
Used in the lifetime/ times not reported	**	0.5	0.2	**	0.1	0.0
Total (used 1 or more times)	2.5	2.5	3.3	3.8	2.9	0.9
B. Used Marijuana at Least Once						
1-2 times	*	3.9	2.6	4.6	2.1	1.1
3-10 times	*	3.1	2.6	5.6	1.7	1.2
11-99 times	*	3.5	3.6	3.7	1.7	1.1
100 times or more	*	3.7	3.7	4.4	2.1	1.0

Note: Due to rounding, column percentages for Part A may not add to the total, and for Part B may not total 100.0. Estimates for persons who used marijuana at least once in the lifetime exclude those who did not report the number of times they had used marijuana.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.12 Standard Error of the Percentage Distribution of the DC MSA Household Population Reporting Days of Use of Marijuana in the Past Month, by Age Group for Total DC MSA and U.S. Household Populations: 1990

Days of Use in the Past Month	Age Group (Years) 12-17	18-25	26-34	>35	Total DC MSA	Total U.S.
1-2 days	1.1	1.6	0.6	0.4	0.3	0.2
3-4 days	0.6	0.5	0.5	*	0.2	0.1
5-19 days	0.4	1.4	1.1	0.2	0.4	0.2
20-30 days	**	0.8	0.9	0.3	0.3	0.1
Used in the past month/ days not reported	*	0.6	0.6	0.4	0.3	0.1
Total (used 1 or more days)	1.7	2.4	1.3	0.6	0.9	0.3

Note: Due to rounding, column percentages may not add to the total.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.13 Standard Error of the Percentage of the DC MSA Household Population Reporting Use of Selected Drugs in the Past Month, by Marijuana Use in the Past Month: 1990

Drugs Used in the Past Month	Marijuana Use in the Past Month		Total DC MSA
	No	Yes	
Total	(N=1,807)	(N=124)	(N=1,931)
Alcohol	2.7	2.4	2.4
Cigarettes	2.0	5.8	2.1
Drugs other than marijuana	0.5	6.3	0.8
Nonmedical use of any psychotherapeutics[1]	0.4	2.6	0.5
Cocaine	0.2	4.2	0.4

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.14 Standard Error of the Percentage Distribution of the DC MSA Household Population Reporting Frequency of Lifetime Cocaine Use, by Age Group for Total Sample and for Cocaine Users and for Total DC MSA and U.S. Household Populations: 1990

Times Used Cocaine in the Lifetime	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
A. Total Sample						
1-2 times	0.5	1.1	0.9	0.4	0.4	0.3
3-10 times	0.3	1.2	1.4	0.8	0.6	0.3
11-99 times	*	2.0	1.1	0.2	0.6	0.2
100 times or more	*	1.0	1.5	0.4	0.5	0.1
Used in the lifetime/ times not reported	0.3	**	0.2	*	0.2	0.0
Total (used 1 or more times)	0.9	2.5	2.0	1.4	1.4	0.5
B. Used Cocaine at Least Once						
1-2 times	*	4.9	3.1	*	2.7	1.9
3-10 times	*	4.8	4.0	*	3.7	1.7
11-99 times	*	*	3.6	*	3.5	1.6
100 times or more	*	4.3	4.7	*	3.6	1.0

Note: Due to rounding, column percentages for Part A may not add to the total, and for Part B may not total 100.0. Estimates for persons who used cocaine at least once in the lifetime exclude those who did not report the number of times they had used cocaine.

*Low precision; no estimate reported.
**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.15 Standard Error of the Percentage of the DC MSA Household Population and U.S. Household Population Reporting Use of Inhalants in the Lifetime, by Inhalant Type: 1990

	Area	
Inhalant Type	**Total DC MSA**	**Total U.S.**
Any Inhalant	1.1	0.3
Gasoline	0.3	0.1
Spray paints	0.3	0.1
Aerosol sprays	0.2	0.1
Glue	0.4	0.1
Lacquer thinners	0.3	0.1
Amyl nitrites	0.5	0.3
Ether	0.1	0.0
Nitrous oxide	0.6	0.2
Correction fluids	0.1	0.1

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.16 Standard Error of the Percentage of the DC MSA Household Population and U.S. Household Population Reporting Use of Hallucinogens in the Lifetime, by Hallucinogen Type: 1990

	Area	
Hallucinogen Type	Total DC MSA	Total U.S.
Any Hallucinogen	1.2	0.5
LSD (lysergic acid diethylamide)	1.0	0.4
Peyote	0.5	0.2
Mescaline	0.6	0.2
Psilocybin	0.7	0.3
PCP (phencyclidine)	0.6	0.3

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.17 Standard Error of the Percentage of the DC MSA Household Population and the U.S. Population Reporting Use of Heroin in the Lifetime, by Demographic Characteristics: 1990

Demographic Characteristic	Area Total DC MSA	 Total U.S.
Total	0.4	0.1
Sex		
Male	0.5	0.2
Female	0.5	0.1
Age		
12-17	0.8	0.3
18-25	0.7	0.2
26-34	1.0	0.3
≥35	0.5	0.2
Race/Ethnicity[1]		
White	0.7	0.1
Black	0.6	0.5
Hispanic	**	0.3
Location[2]		
DC	0.8	N/A
Maryland	0.5	N/A
Virginia	0.5	N/A
Type of Area[3]		
Low SES	0.5	N/A
Other SES	0.5	N/A

**Estimate rounds to zero.

N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.18 Standard Error of the Percentage Reporting Nonmedical Use of Specific Psychotherapeutic Drugs in the Past Year in the DC MSA Household Population, by Age Group: 1990

	Age Group		
Psychotherapeutic Drug	**Youth (Aged 12-17)**	**Young Adults (Aged 18-25)**	**Middle to Older Adults (Aged 26+)**
Stimulants	0.8	0.5	0.3
Sedatives	0.4	0.9	0.2
Tranquilizers	**	0.5	0.4
Analgesics	1.1	1.1	0.7

**Estimate rounds to zero.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.19 Standard Error of the Percentage Reporting Heavy Alcohol Use and Any Use in the Past Month in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

	Alcohol Use	
Age Group	**Heavy Drinking**	**Any Drinking**
Youth (12-17)	0.8	2.4
Young Adults (18-25)	2.5	2.9
Middle Adults (26-34)	2.0	2.9
Older Adults (35+)	1.4	3.3
Total DC MSA	1.1	2.4
Total U.S.	0.3	1.2

Note: Heavy drinking is defined as drinking five or more drinks per occasion on 5 or more days in the past 30 days. Only sample members who reported whether they drank five or more drinks per occasion in the past 30 days are included in this table.

*Low precision; no estimate reported.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.20 Standard Error of the Percentage of Those Under 21 and 21 and Older of the DC MSA Household Population Reporting Alcohol Use and Heavy Alcohol Use in the Past Month, by Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)							
	Under 21 (N=604)		21 and Older (N=1,320)		Total DC MSA (N=1,924)		Total U.S. (N=9,214)	
Demographic Characteristic	Any Use	Heavy Use	Any Use	Heavy Use	Any Use	Heavy Use	Any Use	Heavy Use
Total	2.2	1.5	2.7	1.2	2.4	1.1	1.2	0.3
Sex								
Male	3.3	1.8	3.3	2.3	2.9	1.9	1.3	0.6
Female	3.1	*	3.4	0.8	3.4	0.9	1.6	0.2
Race/Ethnicity[1]								
White	3.2	2.8	2.7	1.3	2.7	1.3	1.3	0.4
Black	4.3	*	4.0	2.1	3.2	1.7	2.3	0.8
Hispanic	*	**	*	*	6.1	*	1.5	0.5
Location[2]								
DC	*	*	5.1	2.2	4.6	2.8	N/A	N/A
Maryland	2.7	1.5	3.0	1.3	2.5	1.3	N/A	N/A
Virginia	3.3	2.4	4.0	2.4	4.1	2.2	N/A	N/A
Type of Area[3]								
Low SES	4.7	3.2	2.4	1.0	2.1	1.2	N/A	N/A
Other SES	2.7	1.5	3.2	1.6	3.0	1.4	N/A	N/A

Note: Heavy use is defined as drinking five or more drinks per occasion on 5 or more days in the past 30 days. Only sample members who reported whether they drank five or more drinks per occasion in the past 30 days are included in this table.

N/A: Not applicable.

*Low precision; no estimate reported.
**Estimate rounds to zero.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.21 Standard Error of the Percentage of the DC MSA Household Population Reporting Use of Selected Drugs in the Past Month, by Age Group and Alcohol Use in the Past Month: 1990

Age Group and Drugs Used in the Past Month	Alcohol Use in the Past Month No	Alcohol Use in the Past Month Yes	Total DC MSA
Total DC MSA	(N=924)	(N=1,007)	(N=1,931)
Cigarettes	2.7	2.2	2.1
Marijuana	0.3	1.5	0.9
Drugs other than marijuana	0.8	1.1	0.8
Nonmedical use of any psychotherapeutics[1]	0.8	0.5	0.5
Cocaine	**	0.6	0.4
Any illicit drug use[2]	0.9	1.9	1.3
12- to 17-year-olds	(N=188)	(N=280)	(N=468)
Cigarettes	2.5	5.6	2.5
Marijuana	0.3	*	1.7
Drugs other than marijuana	0.8	3.1	0.8
Nonmedical use of any psychotherapeutics	0.5	*	0.5
Cocaine	**	*	0.4
Any illicit drug use	0.8	*	2.0
18- to 25-year-olds	(N=162)	(N=351)	(N=513)
Cigarettes	2.5	3.3	2.3
Marijuana	0.8	3.9	2.4
Drugs other than marijuana	1.2	2.9	1.9
Nonmedical use of any psychotherapeutics	0.7	1.0	0.7
Cocaine	**	1.8	1.2
Any illicit drug use	1.3	4.1	2.7
26- to 34-year-olds	(N=218)	(N=292)	(N=510)
Cigarettes	4.9	3.3	2.8
Marijuana	1.6	1.9	1.3
Drugs other than marijuana	*	1.8	1.5
Nonmedical use of any psychotherapeutics	*	0.5	0.6
Cocaine	**	1.7	1.3
Any illicit drug use	2.7	2.1	1.5
35 years and older	(N=218)	(N=292)	(N=510)
Cigarettes	4.8	3.0	2.9
Marijuana	0.5	0.9	0.6
Drugs other than marijuana	*	0.7	0.6
Nonmedical use of any psychotherapeutics	*	0.7	0.8
Cocaine	**	*	0.2
Any illicit drug use	1.5	1.1	0.9

*Low precision; no estimate reported.

**Estimate rounds to zero.

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.22 Standard Error of the Percentage Distribution of Amount of Past Month Cigarette Smoking in the DC MSA Household Population, by Demographic Characteristics: 1990

Demographic Characteristic	None	Past Month Use[1] Less Than a Pack a Day	 A Pack or More a Day
Total U.S.	0.9	0.5	0.6
Total DC MSA	2.3	1.7	1.2
Sex			
Male	3.2	2.4	1.9
Female	2.0	1.5	1.2
Age Group			
12-17 years	2.5	1.7	1.2
18-25 years	2.4	1.8	1.7
26-34 years	2.8	2.1	2.5
≥35	3.0	2.9	1.4
Race/Ethnicity[2]			
White	3.0	1.9	1.8
Black	4.8	4.1	1.6
Hispanic	3.3	3.9	*
Location[3]			
DC	3.3	2.5	2.3
Maryland	3.4	2.6	1.5
Virginia	3.7	2.5	2.2
Type of Area[4]			
Low SES	1.5	1.2	1.4
Other SES	3.0	2.3	1.5

Note: Only past month cigarette users who reported the number of cigarettes they smoked per day during the past 30 days are included in this table.

*Low precision; no estimate reported.

[1] Less than a pack a day is defined as averaging 15 cigarettes or fewer per day in the past month. A pack a day or more is defined as averaging 16 or more cigarettes per day in the past month.

[2] The category "Other" for Race/Ethnicity is not included.

[3] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[4] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.23 Standard Error of the Percentage of the DC MSA Household Population Reporting Lifetime Smokeless Tobacco Use, by Age Group and Demographic Characteristics and for Total DC MSA and U.S. Household Populations: 1990

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	≥35	Total DC MSA	Total U.S.
Total U.S.	1.1	1.2	1.1	0.9	N/A	0.7
Total DC MSA	2.0	2.5	2.4	1.6	1.0	N/A
Sex						
Male	4.2	5.2	3.7	2.1	1.4	1.2
Female	0.5	1.3	1.3	2.0	1.1	0.5
Race/Ethnicity[1]						
White	3.0	4.2	3.2	1.7	1.7	0.8
Black	*	2.4	3.5	*	2.3	1.1
Hispanic	**	**	**	*	*	0.8
Location[2]						
DC	*	*	*	2.8	2.0	N/A
Maryland	2.6	4.1	3.0	1.8	1.1	N/A
Virginia	2.9	3.9	3.7	3.1	2.5	N/A
Type of Area[3]						
Low SES	1.7	2.1	3.2	1.8	1.2	N/A
Other SES	2.7	3.3	3.1	2.1	1.3	N/A

*Low precision; no estimate reported.
**Estimate rounds to zero.
N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.24 Standard Error of the Percentage of the DC MSA Household Population Reporting Past Year Problems Resulting from Their Use of Illicit Drugs, Alcohol, or Cigarettes, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

Problems Associated with Use During Past Year[1] (Unweighted N)	Age Group				Totals	
	12-17	18-25	26-34	35+	Total DC MSA	Total U.S.
Any Problems	2.6	3.9	1.9	2.3	2.0	0.7
Two or More Problems	1.7	3.7	1.6	1.6	1.5	0.5
Three or More Problems	1.1	3.3	1.8	1.0	0.9	0.4

Note: Problems associated with use during the past year include the following: "became depressed or lost interest in things," "had arguments and fights with family or friends," "felt completely alone and isolated," "felt very nervous and anxious," "had health problems," "found it difficult to think clearly," "felt irritable and upset," "got less work done than usual at school or on the job," "felt suspicious and mistrustful of people," "found it harder to handle my problems," and "had to get emergency medical help."

[1] Respondents with missing data on problems are coded as not having problems.

Source: NIDA, National Household Survey on Drug Abuse; 1990: DC MSA.

Table B.25 Standard Error of the Percentage of the DC MSA Household Population and Total U.S. Household Population of Past Year Users of Marijuana, Cocaine, Alcohol, and Cigarettes Who Attributed Past Year Problems to Those Substances: 1990

	Drug Use in the Past Year			
Problems Associated with Use During Past Year[1] (Unweighted N)	Marijuana (N=227)	Cocaine (N=102)	Alcohol (N=1,311)	Cigarettes (N=631)
Any Problems				
Total DC MSA	3.1	4.7	1.5	2.1
Total U.S.	1.4	2.2	0.6	0.9
Two or More Problems				
Total DC MSA	2.0	3.1	1.2	1.3
Total U.S.	1.1	1.6	0.4	0.5
Three or More Problems				
Total DC MSA	1.7	2.6	0.7	1.1
Total U.S.	0.6	1.4	0.3	0.4

Note: Problems associated with use during the past year include the following: "became depressed or lost interest in things," "had arguments and fights with family or friends," "felt completely alone and isolated," "felt very nervous and anxious," "had health problems," "found it difficult to think clearly," "felt irritable and upset," "got less work done than usual at school or on the job," "felt suspicious and mistrustful of people," "found it harder to handle my problems," and "had to get emergency medical help."

[1] Respondents with missing data on problems are coded as not having problems.

Source: NIDA, National Household Survey on Drug Abuse; 1990: DC MSA.

Table B.26 Standard Error of the Percentage of the DC MSA Household Population Reporting Components of Dependence in the Past Year Attributed to Use of Marijuana, Cocaine, Alcohol, and Cigarettes for the Total Sample, Those Who Used at Least Once in the Past Year, and Those Who Used Once a Month or More Often in the Past Year: 1990

	Frequency of Use		
Percent Reporting Components of Dependence in the Past Year[1]	**Total Sample**	**Users in the Past Year**	**More Frequent Users**
Marijuana Dependence	0.7	3.3	4.5
Cocaine Dependence	0.5	*	*
Alcohol Dependence	1.8	2.0	3.4
Cigarette Dependence	2.2	2.2	2.8

Note: Dependence was based on a composite variable of the following questions: (1) Have you ever tried to cut down on your use of any of these drugs? (2) Circle the number next to each drug for which you need larger amounts to get the same effect or for which you can no longer get high on the amount you used before. (3) Circle the number next to each drug you have ever used every day or almost daily for two or more weeks in a row. (4) Circle the number next to each drug you felt you needed or were dependent on. (5) Circle the number next to each drug for which you've had withdrawal symptoms; that is, you felt sick because you stopped or cut down on your use of it.

*Low precision; no estimate reported.

[1] Respondents with missing data on problems are coded as not having problems.

Table B.27 Standard Error of the Percentage of Past Year Drinkers in the DC MSA Household Population Reporting Problems with Their Drinking, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

		Problems Associated with Drinking During the Past Year[1]	
Age Group	Past Year Drinkers	Any Problems	Three or More Problems
Youth (12-17)	3.5	4.2	3.4
Young Adults (18-25)	2.0	3.3	3.5
Middle Adults (26-34)	2.6	3.2	2.3
Older Adults (35+)	2.8	2.3	2.0
Total DC MSA	1.9	2.0	1.9
Total U.S.	1.2	1.0	0.7

Note: Only respondents reporting having at least one drink in the past 12 months are included in this table.

Problems associated with drinking during the past year include the following: "aggressive or cross while drinking," "heated argument while drinking," "stayed away from work or school," "high or tight on job or at school," "lost or nearly lost job," "partner told me I should cut down," "relative told me I should cut down," "friend told me I should cut down," "tossed down drinks fast to get effect," "afraid I might be or become alcoholic," "stayed drunk for more than 1 day," "difficult for me to stop drinking," "unable to remember what happened," "quick drink when no one was looking," "drink first thing in morning," "hands shook after drinking day before," "got high or tight while drinking alone," and "kept on drinking after promising myself not to."

[1] Respondents with missing data on problems are coded as not having problems.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.28 Standard Error of the Percentage Reporting Different Patterns of Use of Illicit Drugs and Alcohol in the Past Year in the DC MSA Household Population: 1990

Drug Use Pattern	Past Year Use
Alcohol Only	2.8
Illicit Drugs Only[1]	0.4
Alcohol and Illicit Drugs Only	1.6

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.29 Standard Error of the Percentage Reporting Opportunity to Use and Lifetime Use of Marijuana and Cocaine in the DC MSA Household Population, by Age Group and for Total DC MSA and U.S. Household Populations: 1990

	Age Group (Years)				Total			
Drug	12-17	18-25	26-34	≥35	Total DC MSA	(Unweighted N)	Total U.S.	(Unweighted N)
Marijuana/Hashish								
Opportunity to use	3.3	2.0	3.1	3.3	2.5	(1,929)	1.2	(9,222)
Ever used	2.5	2.5	3.3	3.8	2.9	(1,931)	0.9	(9,259)
Cocaine								
Opportunity to use	1.8	2.5	2.4	2.1	2.2	(1,913)	0.9	(9,185)
Ever used	0.9	2.5	2.0	1.4	1.4	(1,931)	0.5	(9,259)

Note: The unweighted Ns for each age group are smaller than those shown in Table A.1 because of differing patterns of nonresponse to the opportunity-to-use questions across age groups. There are no missing data for the ever-used category because item nonresponse was eliminated through statistical imputation.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.30 Standard Error of the Average Age at First Use of Illicit Drugs, Alcohol, and Cigarettes in the DC MSA Household Population and the U.S. Household Population: 1990

	Area			
Drug	Total DC MSA	(Unweighted N)	Total U.S.	(Unweighted N)
Marijuana/Hashish	0.3	(690)	0.2	(3,233)
Inhalants	0.4	(160)	0.3	(599)
Cocaine	0.6	(280)	0.3	(1,236)
Hallucinogens	0.3	(205)	0.2	(768)
Heroin	1.0	(25)	1.7	(91)
Nonmedical Use of Any Psychotherapeutic Drugs[1]	0.4	(240)	0.4	(1,028)
Stimulants	0.4	(134)	0.4	(590)
Sedatives	0.9	(81)	0.6	(336)
Tranquilizers	0.9	(93)	0.5	(401)
Analgesics	1.0	(134)	0.9	(542)
Alcohol	0.2	(1,505)	0.1	(7,095)
Cigarettes	0.2	(1,253)	0.1	(5,969)

Note: Entries are the average (mean) ages of first use of the drugs among those who have used the drug.

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.31 Standard Error of the Percentage of the DC MSA Household Population and the Total U.S. Household Population Reporting Drug Use with Needles in the Lifetime, by Age Group and Demographic Characteristics: 1990

	Area	
Demographic Characteristic	**Total DC MSA**	**Total U.S.**
Total	0.6	0.1
Sex		
Male	0.6	0.2
Female	0.7	0.2
Age		
12-17	0.4	0.5
18-25	1.3	0.5
26-34	1.3	0.4
≥35	0.7	0.2
Race/Ethnicity[1]		
White	0.8	0.2
Black	0.8	0.4
Hispanic	*	0.3
Location[2]		
DC	1.1	N/A
Maryland	0.7	N/A
Virginia	0.9	N/A
Type of Area[3]		
Low SES	0.7	N/A
Other SES	0.8	N/A

Note: Needle use is derived from specific questions about use of cocaine, heroin, or amphetamines with a needle and from general questions about needle use with other drugs.

*Low precision; no estimate reported.

N/A: Not applicable.

[1] The category "Other" for Race/Ethnicity is not included.

[2] The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince George's; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

[3] Low socioeconomic status (SES) is defined as the lowest third of population segments in the urbanized area of the DC MSA with the lowest housing value and rent. "Other SES" areas are the remaining areas within the DC MSA (including both urbanized and nonurbanized areas).

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.32 Standard Error of the Percentage in the DC MSA Household Population Who Think Great Risk Is Associated with Use of Various Drugs: 1990

Risk Behavior	Total DC MSA
Marijuana	
Smoke once or twice	2.0
Smoke occasionally	2.0
Smoke regularly	2.3
Cocaine	
Try once or twice	2.0
Use occasionally	1.0
Use regularly	0.7
Use "crack" occasionally	0.8
Heroin	
Try once or twice	1.0
Use regularly	0.5
Alcohol	
Take 1 or 2 drinks every day	1.9
Take 4 or 5 drinks every day	1.5
Cigarettes	
Smoke 1 or more packs per day	2.0

Note: Question asked was: "How much do you think people risk harming themselves physically and in other ways, when they do each of the following activities?" Response choices were for each of 17 activities: (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.33 Standard Error of the Percentage of Women of Childbearing Age (15 to 44 Years) in the DC MSA Household Population Reporting Drug Use in the Past Year, by Age Group: 1990

	Age Group (Years)					
Drug	**15-19**	**20-25**	**26-30**	**31-35**	**36-44**	**Total**
Any Illicit Drug Use	5.5	4.3	3.2	4.5	*	2.2
Marijuana/Hashish	5.5	4.2	2.6	2.3	*	2.1
Cocaine	*	2.0	2.5	1.9	*	0.8
Nonmedical Use of Any Psychotherapeutics[1]	1.7	1.9	2.0	*	*	1.1
Alcohol	5.1	3.3	3.6	*	4.9	1.6
Cigarettes	4.3	4.1	4.9	4.0	*	3.3

*Low precision; no estimate reported.

[1] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.34 Standard Error of the Percentage of Persons in the DC MSA Household Population Reporting Drug Use in the Past Year, by Educational Status: 1990

Drug	Educational Status				
	Less Than High School	High School Graduate	Some College	College Graduate	Total DC MSA
Any Illicit Drug Use[1]	3.2	2.0	2.9	2.4	1.8
Marijuana/hashish	3.0	2.4	2.4	1.3	1.6
Cocaine	2.6	1.4	1.1	1.0	0.8
Nonmedical Use of Any Psychotherapeutics[2]	1.3	1.0	1.4	1.5	0.8
Alcohol	3.1	2.8	3.6	2.3	1.9
Cigarettes	3.1	3.3	4.8	2.5	2.3

Note: Data on adult education are not applicable for persons aged 12 to 17.

[1] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Table B.35 Standard Error of the Percentage of Persons in the DC MSA Household Population Reporting Drug Use in the Past Year, by Employment Status: 1990

Drug	Employment Status				
	Full-time	Part-time	Unemployed	Other[1]	Total DC MSA
Any Illicit Drug Use[2]	2.0	2.5	5.5	2.0	1.8
Marijuana/hashish	1.9	2.1	5.0	1.8	1.6
Cocaine	1.0	1.0	*	0.6	0.8
Nonmedical Use of Any Psychotherapeutics[3]	0.8	*	*	0.8	0.8
Alcohol	2.0	5.4	6.2	3.6	1.9
Cigarettes	2.8	3.3	*	3.4	2.3

Note: Data on current employment are not applicable for persons aged 12 to 17.

*Low precision; no estimate reported.

[1] The "Other" category includes those who are retired, disabled, homemakers, students, or "other."

[2] Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutics at least once.

[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: NIDA, National Household Survey on Drug Abuse, 1990: DC MSA.

Appendix C

Suppression Rule for Prevalence Estimates

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Suppression Rule for Prevalence Estimates

This appendix describes the rule used in this report to suppress unreliable prevalence estimates (i.e., rates that cannot be reported with confidence because they are based on small sample sizes). For some time, NIDA has followed a policy of suppressing imprecise estimates. In defining a suppression rule, the goals have been to capture unreliable estimates easily, to have broad applicability across both national and metropolitan area samples, and to have a rule that could be easily incorporated into table-producing software.

Most recently, the rule in effect has been to suppress estimates with a relative standard error (RSE) greater than or equal to 50% of the prevalence estimate.[1] Although the 50% RSE rule has been easy to implement and is easily understood, it has been observed to have some undesirable properties. Specifically, the rule imposes a very stringent suppression requirement on small prevalence rates, but a very lax requirement on large rates. That is, small prevalence rates must have relatively large sample sizes to avoid being suppressed, whereas large rates require much smaller sample sizes.

To better address this limitation of the 50% RSE rule, a new suppression rule has been adopted based on the RSE of the natural log of the estimate. Specifically, estimates are suppressed and shown as an asterisk (*) in a table or figure when

$$\mathrm{RSE}\,[-\ln(P)] > .175 \text{ for } P <= .5, \text{ and}$$
$$\mathrm{RSE}[-\ln(1-P)] > .175 \text{ for } P > .5.$$

Note that $\mathrm{RSE}[-\ln(P)] = \mathrm{RSE}(P)/-\ln(P)$.

Compared to the old rule, the new rule is more liberal in allowing small prevalence rates to be published, but more stringent in preventing large prevalence rates from being published. For example, under the new rule, it is impossible for prevalence rates of about 1% to be published unless they are based on a sample of 150 or more respondents. The old rule would have required a sample size of 400 or more respondents. A 20% prevalence rate requires a minimum sample size of 50 under the new rule, whereas the old rule required only 16.

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[1] The RSE is computed by dividing the standard error of the estimate by the estimate.

In addition, very small estimates (<.05%) that were not suppressed under the new rule, but rounded to zero, were also suppressed and are shown as two asterisks (**) in the tables and figures.

Appendix D

Sampling and Weighting Procedures

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Sampling and Weighting Procedures

The data used in this DC*MADS report were collected as part of the 1990 National Household Survey on Drug Abuse (NHSDA). Therefore, the sample design and weighting procedures used for the DC portion of the sample are the same as those used for the 1990 NHSDA national sample. Sample sizes in the Washington, DC, Metropolitan Statistical Area (MSA) for the 1990 NHSDA were designed to be large enough to support separate estimation for inner-city areas versus the remainder of the MSA.

The target population for the 1990 NHSDA (including the DC sample) was the household population aged 12 and older of the coterminous United States excluding residents of group quarters and institutions. The sample design used to survey this population was a multistage area probability sample. The 1990 sample design used a composite size measure methodology and a specially designed within-household selection procedure to ensure that desired sample sizes would be achieved for subpopulations defined by age and race/ethnicity. Oversampling was used to meet specified precision constraints for these subgroups. Differential sampling rates were used based on race/ethnicity and age groups. To reduce survey costs, the design sampled Hispanics at higher rates in geographic areas where they were most concentrated. The basic sample design involved several selection stages, which were the selection of Primary Sampling Units (PSUs, e.g., counties), area segments (e.g., blocks or enumeration districts) within these PSUs, sample households within area segments, one or two (if any) age group domains within sample households, and a person within selected age group domains.

D.1 Sample Design

The sample design for the 1990 NHSDA built on the design for the 1988 NHSDA. During the first stage of sample selection for the 1988 NHSDA, 100 PSUs were selected to ensure that the Nation's total population was represented and that areas with high concentrations of Hispanics were included. These PSUs were defined in terms of Standard Metropolitan Statistical Areas (SMSAs), counties, groups of counties and independent cities, or parts of counties using the 1980 SMSA definitions. The 1990 NHSDA used the same sample of PSUs as was used for the 1988 survey, which included the DC SMSA. For the 1990 NHSDA, however, there was a slight change in the definition of the PSU for the DC metropolitan area. Instead of using the DC SMSA definition, the 1983 DC MSA definition was used. This change added the following three counties to the SMSA: Calvert County, Maryland; Frederick County, Maryland; and Stafford County, Virginia.

The second-stage sample for the 1990 survey involved the selection of 1,169 area segments within the sample PSUs. A total of 282 area segments were selected in the DC MSA. These area segments were defined using an aggregation of blocks and enumeration districts that had at least 60 occupied housing units according to the 1980 Census.

In the third stage, approximately 35,000 household listings were selected from within these segments in an attempt to complete approximately 30,000 screenings. A total of 6,576 household listings were selected from the DC MSA segments. The households were classified as to race/ethnicity and age composition.

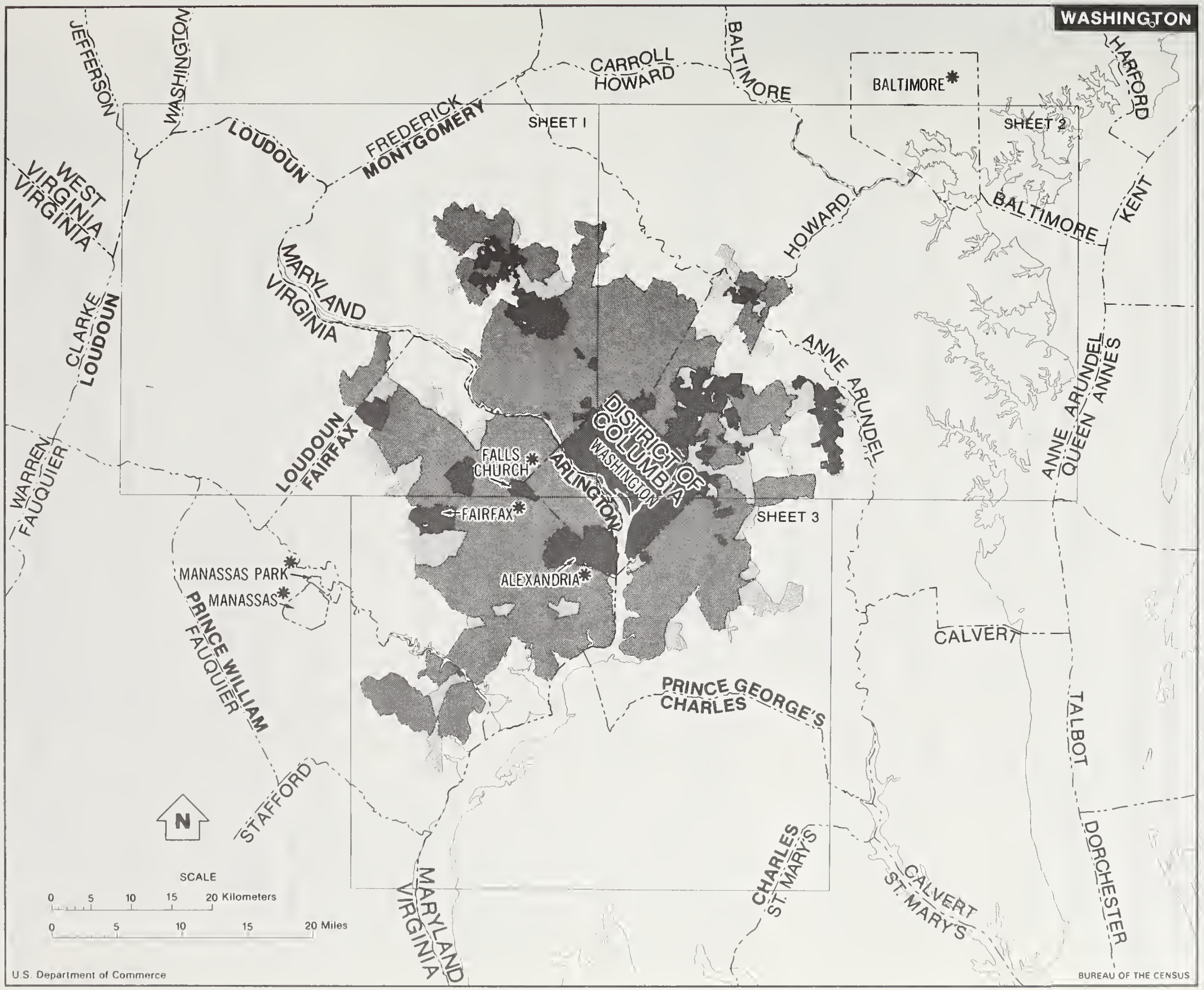
Generally, one age group was selected per household. To reduce the number of required screenings, however, two age groups were selected in some households that had 12- to-17-year-olds. Finally, one individual was selected from each sampled age group.

D.2 Selection of Primary Sampling Units

For the 1990 NHSDA, a first-stage sampling frame partitioning the entire land area of the coterminous United States into nonoverlapping PSUs was constructed based on 1980 Census definitions. Within each of the PSUs, nonoverlapping area segments that contained at least 60 occupied housing units were formed by combining adjacent Census blocks. A total of 100 PSUs were selected: 50 PSUs were selected with certainty that had relatively high concentrations of Hispanics according to the 1980 Census (referred to here as the high-concentration Hispanic PSUs), and 50 PSUs were selected with probability proportional to size and with minimum replacement from the remainder of the Nation. The DC MSA was one of the 50 high-concentration Hispanic PSUs.

The sample for the DC MSA was designed to permit separate estimates for inner-city areas and non-inner-city areas of the MSA. "Inner city" was defined as the lowest third of the urbanized area households in terms of socioeconomic status (SES). "Urbanized area" refers to an area designated by the U.S. Bureau of the Census consisting of a central city or cities and the surrounding suburban fringe that together have a population of at least 50,000 people. The current study used the 1980 designation of urbanized area. Thus, the urbanized area of the DC MSA, as defined by the U.S. Bureau of the Census, consists of the District and its surrounding suburban communities (see Figure D.1 for a map of the DC MSA urbanized area). SES was defined based on housing value and rent. After calculating median housing values and

Figure D.1 District of Columbia Metropolitan Statistical Area's Urbanized Area



Note: Components of the urbanized land area are: ■ Incorporated place ▨ Census-designated place ☐ Other area.

Source: U.S. Bureau of the Census (1982).

rents for each segment in the DC MSA urbanized area, the segments were ranked using each criterion. The segments were reordered according to the average of the assigned ranks, one rank for housing value and the other for rent. Low SES was assigned to the lowest ranking segments that accounted for one-third of the urbanized area households. "Other" SES was assigned to the remaining segments (including those in both urbanized and nonurbanized areas).

For sample selection purposes, all DC MSA segments were stratified as:

- Stratum 1: Low SES urbanized area DC SMSA (1980 Census definition) segments.
- Stratum 2: Remainder of the DC SMSA (1980 Census definition).
- Stratum 3: The three counties belonging to the DC MSA (1983 Census definition) but not the DC SMSA (Calvert, Maryland, Frederick, Maryland, and Stafford, Virginia).

Further discussion of stratification for the non-DC PSUs for the 1990 NHSDA is contained in the National Household Survey on Drug Abuse: Main Findings 1990 (NIDA, 1991b).

D.3 Selection of the Second-stage Sample

Based on the results of the optimal allocation and assuming approximately nine completed interviews per segment, 141 segments were allocated to Stratum 1, 131 segments to Stratum 2, and 10 segments to Stratum 3. The allocated number of area segments was selected from each of the DC MSA strata using Chromy's (1979) sequential selection procedure with probability proportional to the segment's number of occupied housing units in 1980. The segments were selected from all strata in such a way as to control the distribution of sample segments with respect to geographic and demographic characteristics of the target population by sorting the segments by urbanized area/nonurbanized area, percentage of Hispanic households, percentage of non-Hispanic black households, and SES index. For purposes of this sort, the race/ethnicity percentages were categorized as less than 10%, 10% or more but less than 50%, and 50% or more.

D.4 Selection of the Third-stage Sample

Screenings were completed for 5,697 households in the DC MSA in an effort to identify a sufficient number of households to yield the desired sample sizes by age domain. Factoring in the 94% screening completion rate and 89% listing eligibility rate resulted in a total of 6,576 listings selected in the DC MSA. A listing was ineligible for the study if it was vacant, a vacation home, a second or temporary home, or if it was not a housing unit.

For the 1990 NHSDA and thus the DC MSA portion, the within-strata segment listing sample sizes varied based on the segment's current population versus its 1980 Census population. Sample sizes varied in order to reduce the unequal weighting effect noted in the 1988 NHSDA that was due to growth (or decline) in occupied housing units since the 1980 Census. The actual number of listings for segments within strata varied from the desired number of listings per segment (24 for DC Strata 1 to 3) by a growth adjustment factor and a reduction factor used to achieve the desired number of listings.

The selection of individual listings was performed using systematic sampling. The sampled listings were then sent to the field for screening. Having first determined that a listing was eligible for the study, the interviewer completed a household roster listing all residents aged 12 and older with their age and race/ethnicity. This roster formed the basis for subsequent selection activities.

D.5 Within-household Sampling

In selecting the third-stage sample, the interviewer screened each selected housing unit within a sample segment. Following screening, the household was classified as to its race/ethnicity based on the head of the household. The interviewer next determined the age group composition of the household in terms of presence versus absence of domain members (12- to 17-year-olds, 18- to 25-year-olds, 26- to 34-year-olds, and 35 years and older). More than one age domain of interest was likely to be represented in the screened housing units, so the interviewer used a randomized procedure for selecting one or two (if any) age group domains and, subsequently, one person from each selected domain to interview. This procedure was designed to yield the desired number of interviews in each age group domain.

The age group selection probabilities were based on the desired sample sizes for each age group domain and the proportion of that group occurring for each household type. The person selection probabilities were based on the number of persons found in the age group in the household. The within-household selections in the DC MSA portion of the 1990 NHSDA sample did not depend on the race/ethnicity of the household as it did in the rest of the sample. Minimum race/ethnicity sample sizes needed for DC MSA estimation were achieved by the low SES oversampling. In the 1990 NHSDA and the DC MSA oversample, two-person selections were allowed in some non-Hispanic nonblack households. In the 1988 NHSDA, however, without the DC MSA oversample, they were allowed only in Hispanic and non-Hispanic black households.

D.6 Weighting Procedures

Sample weights for the DC MSA were constructed that reflect the various stages of sampling described above. These sample weights were then adjusted to account for sample households and persons who could not be found at home or who refused to participate. Finally, a poststratification adjustment was performed on the weights using May 1990 Census population estimates. This adjusted weight is the analysis weight for use in estimation.

The calculation of sampling weights was based on the stratified, multistage sample survey design. Specifically, the person-level sampling weight is the product of the five stagewise sampling weights, each of which is equal to the inverse of the selection probability for that stage.

Failure to complete the within-household roster constituted the first type of nonresponse encountered in the study. To account for the loss of whole households, a weighting class adjustment procedure was used in which the classes were created by classifying area segments based on the percentage of Hispanic households and percentage of black households in the segment, size of metropolitan area (for SMSAs) and urban/rural characteristics (for non-SMSA segments), region, and strata. A weighting class adjustment factor was also calculated to account for person-level nonresponse within responding households. For this procedure, weighting classes were defined based on race/ethnicity, age group, sex, and metropolitan status. Nonresponding and ineligible persons were assigned an adjusted weight of zero. (Ineligible persons were rare; they were usually 11-year-olds who were inaccurately listed as 12-year-olds in rostering.)

Only one weight for the 1990 NHSDA was created for estimation purposes rather than a separate weight for the DC MSA. An adjustment was made to the national survey weights to correct for the fact that three counties in DC MSA Stratum 3 were also in the sampling frame for the national study. The adjustment amounted to removing from the national survey weight sum the contribution of these three counties because they were already represented in the DC MSA sample. The nonresponse-adjusted DC weights were examined to determine if there was a need for truncation of very large or very small weights. (Very small weights were not truncated.) Upper limits were established, and extremely large weights were truncated for classes defined by strata, race/ethnicity, age group, and sex. These truncated weights were then smoothed.

The weights were next poststratified to Census projections for the May 1990 civilian noninstitutional U.S. population. Population estimates for May 1990 were obtained from the Population Estimates and Population Projections Branches, Population Division of the Associate Director for Demographic Programs, of the U.S. Bureau of the Census. The method used by the Bureau of the Census to derive these estimates is given by Hollmann (1990). The NHSDA does not include civilian housing units within military compounds and civilians residing in group quarters; the Census estimates, however, do include these residents. In addition, the NHSDA does not include Alaska and Hawaii although Bureau of the Census estimates do. Historically, the NHSDA has poststratified to the Census counts for the entire United States and ignored these differences in target population definitions.

The poststratification was performed by creating counts to poststratify to the May 1990 Census population estimates. Because counts were not available for the full cross-classification of age, sex, and race/ethnicity groups, raking or iterative proportional fitting was used to adjust the weights to marginal counts, thus constructing the poststratified weights (Bishop, Fienberg, & Holland, 1975, pp. 83-102). The result of this process was a poststratification adjustment applied to each person-level weight.

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